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ABSTRACT

Covering the period from July 1, 1991, through June 30, 1992, this report describes the goals and activities of the Governor's Commission for Children and Families, a commission formed to improve children and family services in Pennsylvania. The report begins with a brief description of the demographics and conditions of children in Pennsylvania and the funding that supports services for children, and continues with a description of the commission's structure and operation. Guiding principles and recommendations adopted by the commission, as well as a summary of actions taken and adopted during the commission's first year, are outlined. Highlights of the year, including improvement of services to young children and activities related to the commission's recommendations, are presented. The report concludes with a brief outline of the commission's future goals. Appendices include the executive order that established the commission; a list of commission members with addresses; a list of state agency and other representatives; a list of the commission's committee membership; an inventory of programs and services available to children in Pennsylvania; the Immunization Task Force report; and the Pennsylvania Childhood Immunization Insurance Act. (MM)

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# Governor's Commission for Children and Families

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# First Annual Report 1992

Chair: Mrs. Ellen Casey
Co-Chair: Allan S. Noonan, M.D., M.P.H.

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A Shared Commitment in Pennsylvania

COMMONWEALTH OF PENNSYLVANIA
OFFICE OF THE GOVERNOR
HARRISBURG

Fall, 1992

Fellow Pennsylvanians:

The time has come to make a special effort in Pennsylvania to turn sincere concern for the children and families of our state into action.

The traditional family in Pennsylvania is often the exception rather than the rule. Two breadwinner households with latchkey kids; single-parent households; no-parent households; and, in shocking frequency, no-house households: these all make child-rearing more difficult.

And far too frequently, the biggest crisis facing Pennsylvania families is poverty -- or near poverty. Nearly twenty percent of Pennsylvania children under age five lives in poverty. One in three under age five are so poor their parents qualify for medical assistance.

Government can't provide the loving embrace and nurturing of the parent. But we can do a better job of targeting our Commonwealth's resources on children and their families -- so they can get a decent start on life. That's why we created the Governor's Commission for Children and Families in 1991.

I'm pleased to report that in a surprisingly short period we have been able to create a new sensitivity to the needs of children and families in many state agencies. The focus of existing programs have been sharpened and we've heightened awareness of the need for new legislation and initiatives.

Along the way, I've been impressed by the energy and commitment the members of the commission have brought to the table. I'm heartened that their enthusiasm will make the next year even more productive than the last.

Sincerely,

Ellen Casey

Ellen Casey
Chair

Commonwealth of Pennsylvania

DEPARTMENT OF HEALTH
HARRISBURG

December 1992

The Honorable Robert P. Casey
Governor
Main Capitol
Harrisburg, PA 17120

Dear Governor Casey,

From your early days as Governor of Pennsylvania, you made your intentions crystal-clear that children and families would be center stage of our agenda for the Commonwealth.

In continuing that commitment, I am proud to present to you the first annual report compiled by your Commission for Children and Families. The report represents the hard work of the Commission as well as the efforts and valuable input of the state departments of Health, Public Welfare and Education.

This has been an exciting year for young children and families in the Commonwealth. I am proud to report that your support and continuing effort to make strong investments in the health, education and welfare of our children will allow the Commission to build on the momentum of a successful first year.

Sincerely,

Allan S. Noonan

Allan S. Noonan, M.D., M.P.H.
Co-Chair
Commission for Children and Families

## TABLE OF CONTENTS


I. Introduction and Executive Summary ..... 1

II. A Look At Pennsylvania's Children and Families ..... 3

III. Structure and Operation of the Commission ..... 5

IV. Principles and Recommendations ..... 6

V. First Year Highlights ..... 9

VI. Prelude to Year Two ..... 13

Appendices:

- Executive Order Establishing Commission ..... 16
- Commissioner Directory ..... 18
- State Agency and other Representatives ..... 21
- Committee Membership ..... 22
- PENNSTART Matrix ..... 23
- Immunization Task Force Report ..... 35
- Childhood Immunization Insurance Act (Act 1992-35) ..... 39

*GOVERNOR CASEY, BETH BEH, AND T. BERRY BRAZELTON*

# I. INTRODUCTION AND EXECUTIVE SUMMARY

On the evening of November 19, 1991, the Forum auditorium in Harrisburg echoed with lively discussion and laughter as Dr. T. Berry Brazelton, renown pediatrician, took the stage. The Harvard professor and television host was in town as part of a two-day event called, **"Community for Families; Families for Children: A Shared Commitment in Pennsylvania."**

Dr. Brazelton's first appearance for the seminar was an interactive discussion with parents and children. The following day, parents and professionals participated with Dr. Brazelton in a conference that focused on working with families.

The Brazelton conference would become one of the most visible of many child-focused initiatives that the Governor's Commission for Children and Families co-sponsored and supported during 1991-92. The commission is part of Governor Robert P. Casey's commitment to invest in Pennsylvania's most precious natural resource — our children.

This first annual report of the commission covers the period July 1, 1991, through June 30, 1992, and highlights the commission's activities during its first year.

## Executive Summary

In November 1990, the Governor's Advisory Council for Young Children, appointed by Governor Casey to publish a comprehensive document on the status of young children in Pennsylvania, issued their final report, "Directions for Holistic Policy Development in Pennsylvania."

Staffed by Richard Kordesh, Ph.D., a visiting professor from Penn State University, the Council recommended that the Governor create a Commission for Children and Families that would advise the Governor and work toward improving the commonwealth's capacity to formulate holistic policies for children and families.

On January 2, 1991, Governor Robert P. Casey issued an Executive Order that established the Governor's Commission for Children and Families to provide him with recommendations to alleviate the problems confronting Pennsylvania's children and families (see Appendix I).

The commission, comprised of 30 members appointed by the Governor, is chaired by the First Lady of Pennsylvania, Mrs. Ellen Casey. Each year, Mrs. Casey will be joined by a co-chair from a cabinet level department that has children's programs (the Health Department in the first year, Public Welfare in the second, and Education in the third year).

Ron David, M.D., Deputy Secretary for Public Health and acting Secretary of Health, initially co-chaired the commission. In September 1991, newly appointed Health Secretary, Allan S. Noonan, M.D., M.P.H., a pediatrician, presided as co-chair. In July 1992, the co-chair role moved to Public Welfare Secretary Karen F. Snider. In July 1993, the co-chair role will move to Education Secretary Donald Carroll.

The commission includes among its membership representatives of the General Assembly, parents, advocates, service providers, business, and others (see Appendix II).

Three standing committees developed principles and recommendations in the following areas: child development, health care, and child abuse and neglect prevention (see Appendix IV). The commission appointed task forces to address public awareness issues and immunization issues. In addition, the commission received assistance from representatives of state agencies, providers of children's services and other interested parties (see Appendix III).

The commission held its first meeting on April 3, 1991, and met a total of seven times during its first year which ended in June 1992.

**The body of this annual report contains the following sections:**

- a brief description of children in the commonwealth and the funding streams that support services for them;
- a description of the structure and operations of the commission
- the guiding principles and recommendations adopted by the commission;
- a summary of actions taken and adopted during the first year;
- highlights of the year including improvement of services to young children and activities related to the commission's recommendations
- a prelude to the second year.

The commissioners' diverse background and specific areas of child-focused involvement greatly enhanced the group's responsiveness to the challenges confronting children and families.

# I. INTRODUCTION AND EXECUTIVE SUMMARY

The measles outbreak in Philadelphia coincided with the establishment of the commission. The commission responded immediately by forming the Immunization Task Force to address the problem of under-immunization. The task force, now part of the commission's Child Health Committee, developed an extensive report and set of recommendations to eliminate barriers to immunization.

A major accomplishment occurred when the commission developed and adopted its guiding principles and recommendations. The commission's three committees — Child Development, Child Health, and Child Abuse and Neglect Prevention — each identified important issues and developed specific recommendations.

The principles and recommendations adopted by the commission focus on the commonwealth's commitment to invest in children and are introduced by a preamble that reiterates the need to strengthen communities around families and children, to enhance public awareness that will empower families to be active participants in service systems, and to ensure the availability of culturally sensitive children and families services.

**The commission adopted more than 20 recommendations that stem from these three principles. The recommendations of immunization task force also were incorporated into the principles and recommendations:**

- The commonwealth shall continually seek to improve all procedures within state and local agencies to be more responsive to the well being of children and families.
- The commonwealth shall maximize the use of available resources to improve the quality of life of all families and children.
- The commonwealth shall always strive to provide the highest quality services to children and families.

The specific recommendations are printed in Section IV of this report.

During its first year, the commission supported enactment of family and medical leave legislation; expansion of Medical Assistance benefits for pregnant women and children; development of child health insurance including immunization coverage; primary and preventive health care; increased access to appropriate prenatal care; and development of a continuum of care by a primary care physician for all children in Pennsylvania. The commission's other actions can be found in Section V.

The Highlights section of this report includes major initiatives and activities undertaken by the commission, the administration, or other child advocacy groups during the past year.

One major commission activity was support for House Bill 536. With the passage of H.B. 536 and the Governor's signing of Act 1992-35 on May 21, 1992, Pennsylvania now had a "Childhood Immunization Insurance Act." The new law, effective November 1992, mandates that individual and group health insurance policies cover immunizations.

Another recommendation from the commission's Immunization Task Force was to bulk purchase vaccines at a lower cost and distribute vaccines to Medical Assistance providers for Medical Assistance-eligible children. This pilot program between the departments of Public Welfare and Health began in July 1992 with the expectation that the program will be expanded statewide.

Parent participation, a component of the commission's principles, was illustrated by the commonwealth's representatives to the U.S. Surgeon General's Conference on "Healthy Children Ready to Learn: the Critical Role of Parents." Ralph Warner, Kisha Henley-Davis, Mary Wood and Frank Meredick, who are parent representatives on the commission, served on the Pennsylvania delegation to the conference and took part in the Parent Delegate Workgroup. Details of the parents' observations and recommendations are highlighted in Section VI.

The need for coordination of children's services has been identified by the commission as a recommendation and a key factor to providing quality services to children and families. As a first step, the Governor directed that an inventory of all programs for young children be conducted. The result is a matrix of services that is included as Appendix V of this report. At the commission's June 12, 1992 meeting, the Governor announced the formation of PENNSTART to improve coordination of chileren's services.

Other existing or new children's activities which were brought to the commissioners' attention are included in Section VI.

The commission completed its first year with the realization of several accomplishments and progress toward improving children and family services in Pennsylvania. During the second year, the commission plans to proceed with further development of strategies for its principles and recommendations. In addition, the commissioners have begun to identify specific areas that would be relevant during the Secretary of Public Welfare's year of co-chairing the commission.

# II. A LOOK AT PENNSYLVANIA'S CHILDREN AND FAMILIES

At the commission's first meeting on April 3, 1991, Mrs. Casey emphasized the importance of Pennsylvania's children and families and Pennsylvania's commitment to "investing in our children's future, rebuilding our communities around families, and strengthening families around children."

The commission's response to its charge from the governor, to address the challenges confronting Pennsylvania's children and families, began with a review of the demographics to identify the most critical issues related to child development, child health, neglect and abuse prevention, and systems of service delivery.

**To frame the issues, the commission relied on the following facts:**

## A. The Population

- Pennsylvania has approximately 1.4 million families with children and 8.2 percent of all commonwealth families live at or below poverty. According to the 1990 census data, Pennsylvania's children, birth to 17 years, total 2,794,810 and make up almost 24 percent of the commonwealth's total population. Children up to age 5 comprise 8 percent of the total population with 17 percent of children living in poverty. Children age 6 to 17 years comprise 15.5 percent of the total population with 14.5 percent living in poverty.

  As of April 1992, 29.7 percent of the children birth to 5 were enrolled in Medical Assistance and 9.1 percent of the children 6 to 17 years were enrolled. Eighteen percent of all children live in one-parent households.
- Between 1985-89, Pennsylvania's infant mortality rate averaged 10.2 deaths per 1,000 births accompanied by a 6.9 percent low birth weight rate.
- As of December 31, 1990, approximately 75,000 children were receiving publicly funded children and youth services. Of this number, 78 percent of the children received public services in their own homes or adoptive homes. Eighteen percent received public services in foster family homes, group homes, community-based placement, emergency placement, or supervised independent living. The remaining children (4 percent) received services in residential placement, secure detention, and residential placement.
- Homelessness is a challenge that faced approximately 61,000 people in 1987. Recent studies done by the Coalition on Homelessness in Pennsylvania indicate that one in five homeless people is a child under the age of 16 and that one in eight is a child under the age of 5. About 45 percent of the homeless lived in a family situation. Single parents with children make up 15 percent of homeless households. Two-thirds of homeless persons living in households classified as single with children are female. A Department of Education survey of homeless shelters counted 1,799 youths during the 1988-89 school year. In fiscal year 1989-90, the Department of Public Welfare's Homeless Assistance Program provided services to more than 20,000 children.
- According to recent data published by Pennsylvania Partnerships for Children, over 17 percent of all children under 15 years are without health insurance. Further, 28 percent of 112,235 uninsured children live in families with incomes below 100 percent of the federal poverty standards.
- The Pennsylvania Department of Health estimates that 82 percent of Pennsylvania children are immunized by the age of two; however, only 63 percent of low income children are age-appropriate immunized.
- Other challenges facing children and families include the need for special education, mental health services and prevention of abuse. During the 1990-91 school year, 6.3 percent of school enrollments were in special education. Over 57,000 children received mental health services during Fiscal Year 1989-90. For 1990, the number of substantiated reports of child abuse was 2.7 per 1,000 children. In 1991, the number rose to 2.9 per 1,000 children.

## B. The Service System

**The commission identified many other concerns:**

- the need to improve public information on available children services.
- the need for public and private agencies to work towards more

responsive, uncomplicated, culturally sensitive procedures.

- the need to strive toward quality services for children and families.

About 94 programs in six state agencies have been identified. In addition, the matrix identifies 39 different advisory committees that have been established for specific programs affecting children and families (see PENNSTART matrix, Appendix V).

## C. The Funding Streams

Children and families services receive public and private funding. Public funding is provided through federal, state, and local governments. Federal funding streams include but are not limited to: Title V — Social Security Act; Title XIX — Medicaid; the Child Care Development Block Grant; the Women, Infants and Children (WIC) program; Title VI A, B, D, and E of the Social Security Act, Family Violence and Prevention Services, Drug Free Schools and Communities Block Grant; Alcohol and Drug Abuse and Mental Health Services Block Grant; Title XX of the Social Security Act; and, Preventive Health and Human Services Block Grant.

Examples of private funding include out-of-pocket expenses to families, insurance benefits, foundation-supported programs, and charitable contributions.

With such a wide service and funding array, the challenge of moving toward a simplified service coordination scheme becomes essential for people trying to access services.

*MR. ALLAN S. NOONAN, M.D., M.P.H., WITH GOVERNOR ROBERT P. CASEY*

# III. STRUCTURE AND OPERATION OF THE COMMISSION

The 30 commissioners are required to:

- issue an annual report that provides recommendations for alleviating problems confronting children and families.
- provide technical assistance to local communities in their efforts to improve care for children.
- educate the public on the conditions faced by children and their families.
- promote legislation that would strengthen community around children and families.
- assist in replicating proven innovations in effective programs for children and families.
- conduct studies and issue research reports about children and family policy issues.

During 1991-92, the commission met seven times at the Governor's Residence. Commissioners actively participated and exhibited a high level of commitment as evidenced by the consistent attendance record. Since the commission operates with no permanent staff, the Department of Health and the Governor's Child Care Policy Advisor shared staff functions.

The processes used for commission decision-making included a combination of discussion, consensus, and voting. One of the most valuable outcomes of commission meetings was the opportunity to share information about children's services across the commonwealth. Commissioners learned about public, private and public/private initiatives on behalf of children and families.

By the end of the first year, the sense of mission and focus among the commissioners and key staff coalesced around several key themes: child health, family preservation, early childhood education and development, prevention of child abuse and neglect, and service coordination.

*GOVERNOR SIGNING HB536 (ACT 1992-35)*



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# IV. PRINCIPLES AND RECOMMENDATIONS

## Preamble:

**The Commonwealth of Pennsylvania shall strive to ensure that services available to children and families are culturally sensitive and multilingual. The quality of life in the commonwealth shall be such that all families, across the socioeconomic spectrum, shall have enough information so that they can be active and respected participants in the decision-making process about services to which they are entitled.**

## Principle I

The Commonwealth shall continually seek to improve all procedures within state and local agencies so that they are more responsive to the well being of children and families.

**Recommendation:**

- Develop a strategic plan for children's health and well-being which reflects inter and intra-agency collaboration, planning and interface.
- Ensure that all those who come into contact with children and families see their responsibilities as including the well-being of children and the prevention of child abuse and neglect.

**Implementation Strategies:**

- Establish, mandate, and fund ongoing county child abuse and neglect prevention task forces in each of the commonwealth's 67 counties.
- Establish a multicultural, multi-disciplinary task force to work on the development of information to be distributed with birth certificates to foster immunization, preventive health behaviors and positive parenting skills.

## Principle II

The commonwealth shall maximize the utilization of available resources to improve the quality of life of all families and children.

**Recommendation:**

- Conduct a system analysis of all state agencies and departments that have responsibilities for programs and services for children and families.
- Ensure that a mechanism is in place to facilitate collaboration and coordination of private and public sector initiatives, funds, programs, services, and agencies (voluntary and official) at both the state and local levels.
- Establish a system for inter-departmental coordination which shall meet regularly to review services provided to children and families in the commonwealth, and to make appropriate recommendations concerning these programs to the governor and various departments.
- Ensure that potential "draw down" of federal, state and grant monies be fully and effectively utilized.
- Facilitate the removal of barriers to active involvement in private/public partnerships and the integration of Pennsylvania's older adults in programs that foster the health and well-being of children and families.
- Ensure that the services offered are sensitive to the family's perception of quality as per their needs. Services shall be culturally sensitive and multilingual.
- Ensure that all of Pennsylvania's services to children and families are provided through a collaborative, coordinated network of education, health and family support services.
- Ensure that services for children and families are provided statewide and are coordinated across departmental, program and local agency boundaries.
- Ensure that there is easy access to services and funding streams which are integrated and ensure continuity, consistency and, whenever possible, "one-stop" entry to services for children and families.
- Strive to ensure that education and public awareness efforts take place across a broad spectrum of socioeconomic and professional levels, and that education and public awareness efforts are culturally sensitive and multilingual.

**Implementation Strategies:**

- Establish a multicultural, multi-discipline work group to conduct a survey to assess the availability of training and practice of cross-cultural, cross-disciplinary skills in health care and human service delivery and to formulate a comprehensive plan of action for the implementation of all the recom-

mendations listed under Principle II.

### Principle III

The commonwealth will also strive to provide the highest quality services to children and families.

**Recommendations:**

- Ensure adequate salary and compensation to attract and retain qualified and competent staff to work in services/programs funded by governments.
- Ensure that training criteria including required cultural awareness training, certification and/or licensure are in effect and appropriate for all practitioners in programs working with children and families.
- Provide sufficient trained staff and/or culturally competent consultants in state agencies to ensure that monitoring and licensing of agencies, programs and services meet minimum standards of non-discrimination mandates; require cultural sensitivity training as an integral part of the training of professionals and as a requirement for licensure of professionals.
- Ensure that no commonwealth funds are distributed to individuals or entities that do not meet minimum standards or requirements. Due process will be followed.
- Ensure that all funded programs shall strive to achieve the highest recognized professional standards for its programs and employees.
- Ensure that program services and policies within state and local agencies are culturally competent, family-centered, and recognize that the family is central to the care of the child and must be approached respectfully as an equal partner. Additionally, the highest priority should be a hands-on, direct-service approach.
- Ensure that services to Pennsylvania's children and families are not segregated from each other based on race, ethnicity, socio-economic status, abilities, funding source or geographic area.
- Ensure that departments, agencies and programs provide equal access to quality multilingual and multicultural programs and services based on recognition of the individual community's diverse needs, cultural-ethnic identities, and literacy.
- Ensure implementation of the Immunization Task Force recommendations as adopted by the commission.

**Implementation Strategies:**

- Establish a multicultural, multidisciplinary work group to develop culturally sensitive and socially appropriate outreach strategies and service delivery approaches to maximize access to information and services for children and families regardless of race, ethnicity and socioeconomic status.
- Ensure that parents have access to information on local resources (programs) which will enable them to access needed services and make knowledgeable and informed choices among quality programs. Information and access thereto shall take into consideration the parent's literacy and language.
- Make certain that, whenever possible, providers ensure continuity of care by maintaining consistent staff relationships and consistent assignments to individual children and families receiving government funding.
- Make persons knowledgeable about child development available to families as needed; to act as a resource to parents, teach child development, assist in understanding and interpreting children's behavior, and to assist families in developing reasonable expectations about their developing child. Such specialists also shall be knowledgeable about sociocultural practices of the families and be able to communicate with parents.

### Immunization Task Force Recommendations

The Immunization Task Force Report adopted by the commission at its June 3, 1991 meeting is printed in its entirety as Appendix VI of this annual report. Actions taken in response to the recommendations are included in the highlights section of this report. The recommendations are summarized as follows:

**Goal:** To assure that all of Pennsylvania's children are immunized in a timely manner.

**Objectives:** Recommended actions are based on the following four objectives:

I. Eliminate financial barriers to immunization access.
II. Fully immunize Pennsylvania's children at the least cost.
III. Remove delivery system barriers to make it easier to get immunized.
IV. Regulate and monitor completeness of immunization.

### Actions:

**Objectives I & II**

- The governor should consider the Health Care Cost Containment Council's recommendations in determining the administration's position on House Bill 536, the Childhood Immunization Insurance Act, requiring insurance coverage for vaccines and the administration costs of immunization.
- The departments of Health (DOH) and Public Welfare (DPW) should explore the cost of a plan to bulk purchase vaccines at federal contract price and distribute to private sector for children immunized with public funds.
- The administration should explore a plan to pool public and private dollars to immunize more children.
- The state budget should maintain current funding for immunization initiatives of DPW and DOH in terms of absolute dollars for all immunization programs.

## IV. PRINCIPLES AND RECOMMENDATIONS

**Objective III:**

- DPW should provide incentives for physicians to immunize children covered under Medicaid during primary care contacts.
- Use "grass-roots up" strategies by educating and mobilizing the community to solve the immunization program.
- The governor should use a variety of means to encourage reduction of missed opportunities to immunize.
- The governor should urge all state programs to consider implementation of measures that will increase the number of convenience of access to immunization sites.
- The governor should assign state public relations and community organization staff to increase community awareness of the importance of immunization.

**Objective IV:**

- The governor, legislature, and state agencies should work to adopt a uniform requirement for evidence of complete immunization for age as a condition of enrollment and continued participation in any type of group care setting.
- The governor, legislature, and state agencies should work to require verification of immunizations at the time vouchers are issued for service or eligibility determined.
- The governor should use public relations opportunities to inform and empower parents to promote voluntary compliance with immunization requirements.
- Resources should be provided to the Department of Health to monitor hot spots.
- State policy should be established that failure to assure completeness of immunization ... will be used to restrict a program's authorization to operate.
- The governor and legislature should provide the resources and instruct the Department of Health to develop methods to help non-health care professionals easily monitor and assess the immunization status of children and promote use of a durable record.
- The governor should instruct state agencies and state-funded programs to develop mechanisms to refer families with children in need of immunizations to appropriate providers.

# V. HIGHLIGHTS

The commission supports the need for improved collaboration among all the players committed to improving children's lives so that the opportunity to significantly improve the status of Pennsylvania's children is not lost. The governor, the legislature, federal, state and local government agencies, and members of the private sector including several Pennsylvania foundations introduced children initiatives in 1991-92.

During the commission's first year, many children and family activities were underway or launched by a variety of public and private agencies and organizations. While this section does not include every activity, it highlights the commission's activities brought to their attention by individual commissioners.

## Immunizations

One of the first activities the commission undertook was the work of the Immunization Task Force. Real strides have been made toward solving the problem of underimmunization. The Commission has played a key roll in mobilizing programs and resources to remedy this problem.

Part of the mobilization included public education. Commission Co-Chair Ellen Casey, joined former First Lady Rosalynn Carter and Bette Bumpers, wife of U.S. Senator Dale Bumpers of Arkansas, in a media campaign to increase public awareness of the need for timely immunizations. Throughout the year, Mrs. Casey visited several sites that provide immunizations and other services to children to highlight the value of timely vaccinations.

On May 21, 1992, Governor Casey signed House Bill 536, which requires Pennsylvania health insurers to include immunization coverage in individual and group insurance policies. Known as the "Childhood Immunization Insurance Act," the law mandates that individual and group health insurance policies include immunization coverage for measles, mumps, whooping cough and other preventable diseases (see Appendix VII). The action taken by the Pennsylvania legislature and the governor coincided with the commission's recommendations to eliminate financial barriers and to promote activities to immunize of Pennsylvania children.

The Immunization Task Force also recommended that the Departments of Health and Public Welfare explore the feasibility and cost of a plan to bulk purchase vaccines at the federal contract price, which is approximately half of the marketplace price, and to distribute the vaccines to providers for children immunized under medical assistance.

A workgroup explored the feasibility of the recommendation and developed a "pilot" project to test the processes and mechanisms for a future statewide program.

The "pilot" began in July 1992 at 20 sites across the commonwealth and Governor Casey has requested funding to cover the program statewide. Actual distribution of the vaccines began in August 1992.

## Brazelton Conference

On June 27, 1992, Mrs. Casey and Ms. Elizabeth Beh, the Governor's Advisor on Child Care Policy, represented the commission at a meeting with Dr. T. Berry Brazelton in Washington, D.C. At that meeting Mr. Brazelton agreed to include Pennsylvania in his international speaking tour on the developmental needs of young children. In collaboration with the Head State State Collaboration Project and its director, Ms. Sandy Joseph, the commission co-sponsored Dr. Brazelton's program at the Forum in Harrisburg.

The conference, "Community for Families; Families for Children: A Shared Commitment in Pennsylvania" began with an inter-active discussion with parents and children. The next day parents joined child development professionals for a full-day seminar focusing on working with families. Both sessions were well attended and brought media and public attention to the commission.

## "Healthy Children Ready to Learn" Conference

The U.S. Surgeon General's Conference on "Healthy Children Ready to Learn: The Critical Role of Parents," provided health professionals, educators and government with an opportunity to discuss the national education goal that, by the year 2000, all children in America will start school ready to learn. The conference culminated with findings from the parent workgroup that emphasized the need to empower families. **Issues of concern included the need for all levels of government to:**

- promote "people-oriented" systems.
- simplify the paperwork and language.
- modify service systems that foster dependency.

Solutions identified by the parents are: school programs that develop social competencies such as problem-solving and decision-making; support networks within a community; directories of public and private resources and information; a comprehensive health care system for children and prenatal care available to every pregnant women.

Parents strongly supported the need to establish a "way of talking back to the system." Active parent participation and methods that promote effective parent participation were included in the work group session. Parents discussed the need for one-stop shopping to be included in school-based initiatives and addressed the challenge of "transition" with emphasis on consistency, continuity and coordination of services necessary to promote healthy children who are ready to learn in the classroom.

Commissioners Henley-Davis, Wood, Warner and Meredick, who represented Pennsylvania at the conference, met with the Governor and Mrs. Casey to report on the conference findings. Commission Warner reported that parents unanimously asked for better coordination of all services. In addition, they reported that the commonwealth had many programs and initiatives to boast about but the delegation did not have a creative exhibit. It was recommended that public relations and marketing of existing programs and services be developed.

Parent representatives on the commission were encouraged by the Surgeon General's Conference and the commitment on the federal level to establish a "parent voice." The parent representatives are hopeful that the commission will increase its focus on families and parent participation in state-level decision-making. As one commissioner observed, "You can have all the children's services and programs but if the family isn't able to learn about them, understand them, access them and have the ability to maintain themselves, then the services and programs will have minimal results."

### Children's Trust Fund

The Children's Trust Fund which awarded $593,000 to 12 grantees in 1991 and $837,000 to 13 grantees in 1992, focuses its activities on child abuse prevention. The fund places emphasis on programs that bolster development of parental skills. The types of programs funded included teaching skills for positive parenting, parent support programs, programs for school-age children about safety and sexual assault prevention. The fund is particularly interested in programs that demonstrate the collaboration of two or more agencies within a community.

### Success-by-Six

The Success-by-Six Coalition, a group of state organizations convened by United Way of Pennsylvania, studies how early prevention and intervention programs can help at-risk children under the age of six succeed in school and life. One of the coalition's objectives is to "work in partnership with the Governor's Commission on Children and Families to address the shared concerns of government and the private sector" for these families. The coalition describes at-risk children as poor children chiefly raised by female-headed, one-parent families who are frequently deprived physically, socially and emotionally and whose life circumstances appear to program them for failure. The Success-by-Six program focuses on preparing at-risk children for successful school entrance and performance in the early grades.

### Guidelines for Productive Employment

The "Guidelines for the Productive Employment of Older Adults in Child Care" were shared with the commission. The guidelines have been endorsed by the National Association of the Education of Young Children and are applicable in a wide variety of programs such as Head Start, after-school care, infant and family day care.

In addition, a statewide child care staffing study will be conducted by the Pennsylvania Association for the Education of Young Children. The final report will include analysis of staffing problems, salaries and benefits, turnover rates and other characteristics. The commission will be particularly interested in the outcomes in light of Principle III and its related recommendations.

## ADMINISTRATION HIGHLIGHTS

Since taking office, Governor Casey has used federal and state dollars to create new initiatives and expand existing programs to help children in Pennsylvania. In his 1992-93 budget, for example, Governor Casey proposed an initiative to provide adequate and affordable health care for uninsured children in Pennsylvania under the age of nine. The keystone of the plan is to subsidize voluntary insurance coverage for up to 32,000 of the estimated 107,000 uninsured children.

Coverage includes outpatient services, doctors visits, immunization, diagnostic services, prescriptions, dental and eye care, and up to 90 days hospitalization.

The 1992-93 budget also calls for increasing Medical Assistance income eligibility for pregnant women and infants from 133 percent to 185 percent of the poverty level resulting in the expansion of Medical Assistance health care coverage to an estimated 24,000 more women and children. The Governor's plan would increase enrollment efforts for an estimated 87,000 children who are eligible for, but are not enrolled in, the Medical Assistance program. Of that number, 10,000 would be enrolled in fiscal year 1992-93. This initiative to address health care for uninsured children reflects the commission's principles to plan for children's health and well being (Principle I) and maximize available resources (Principle II).

# V. HIGHLIGHTS

On May 22, 1992, Governor Casey signed legislation strengthening requirements for independent adoptions and establishing additional conditions to sever parental rights. The new law requires an approved adoptive parents' home study conducted by a licensed child placement agency prior to placement in the adoptive home.

Another initiative is the Statewide Adoption Network (SWAN). The program focuses on pursuing adoptions for special needs children who have been in foster care for longer than two years and who have no possibility of returning to their birth family. SWAN provides access to adoption services for all eligible children regardless of the county in which they live. It recruits, assesses, trains and identifies families as resources for special needs adoption. Additionally, post-placement and post-adoption services are provided to families to enhance the potential that a child and the family, once matched, are permanent.

In June 1992, Governor Casey announced the completion of the first phase of work under PENNSTART, which was developed to coordinate and integrate all the services government provides for children and families. The goals are to promote community collaboration for children and family services, identify gaps in service, and expand access to services at the local level. Governor Casey emphasized that PENNSTART is not an effort "to create a new bureaucracy of new programs but to make sure we're getting the best use of what we already do."

During the past year, through the PENNSTART project, a team of program experts from six state cabinet agencies as well as representatives from the federal Head Start program inventoried all current state resources for young children. The Governor called this team, "this subcabinet for children."

The subcabinet worked for five months reviewing and cataloging all of the core programs funded through state and federal agencies and assessing program connections and potential for better collaboration. Pennsylvania Head Start/State Collaboration Director, Ms. Sandy Joseph, and the Governor's Advisor on Child Care Policy, Elizabeth Beh, provided the leadership for this project.

The result of the inventory is the "PENNSTART Matrix" (see Appendix V). The matrix outlines 94 state and federally funded programs that serve, among others, children birth to eight years. This indexing and description will provide program planners, policymakers and other interested parties, including the commission, with a tool to identify overlapping services. The matrix reflects the commission recommendations under Principles I and II that identify the need for a mechanism of coordination among programs and services to assure the best delivery of benefits.

The matrix will be used to plan resource allocations with a focus on coordination of services and to promote local community collaboration. It will also serve as a reference for decision makers who need to identify gaps in services and address service needs at the local level. With the matrix as a fundamental tool, PENNSTART will be well equipped to address improved accessibility, enhanced coordination, and support the "one-stop shopping" for children's services concept.

In concert with the "one-stop shopping" concept, the Pennsylvania Department of Health plans to implement a new federal and state-funded initiative to expand primary health services in public school settings. Six school districts, selected on economic indicators and community need for primary services expansion, will receive grants to expand on-site primary health services. Access to additional primary and specialized services will be coordinated with community primary health care providers.

Participating school districts will be required to develop cooperative agreements with a community-based health care facility to provide follow-up care and additional services needed by school children.

**The following are other administration highlights:**

- Pennsylvania received more than $25 million in federal funds as part of the new Child Care Development Block Grant program. This money will help low-income working families with child care, enable schools to start, expand or improve early childhood programs, and improve the quality of child care services.
- **Healthy Beginnings** started in 1988 and increases Medical Assistance income eligibility to low-income pregnant women up to 133 percent of the poverty level and to children up to age six.
- **Healthy Beginnings Plus** started in 1990 and provides medical fees significantly above the usual Medical Assistance reimbursement rate in order to establish coordinated prenatal care. There are more than 70 doctors, clinics and hospitals participating in this program. The Casey administration has invested approximately $4.3 million in this initiative.
- **A Better Start** is a prenatal care outreach program that works jointly with Healthy Beginnings Plus to provide enrollment for pregnant women. Funded by two major foundations, the program operates in six sites across the state.
- **Infants and Children's (WIC) Nutrition Program** has been expanded through increased state dollars. Since 1987, more than $69 million in state funding has been combined with federal dollars to help more than 250,000 pregnant women and their children up to age five. WIC provides nutritional food supplements to pregnant and breast-feeding women up to six months post-partum, infants up to one year of age, and children up to five years old.
- **The Farmers Market Nutrition Program** started as a pilot program in 1988 in three counties. This year, the third year of a federal demonstration project, the program has been expanded to 44 counties serving more than 24,000 pregnant or breast-feeding WIC participants. The program allows

women to supplement their diets with fresh Pennsylvania-grown fruits and vegetables and provides new marketing opportunities for Pennsylvania farmers.

- **Maternal addiction programs** have grown significantly in the past five years. There are now more than 300 spaces in residential treatment programs for addicted pregnant women and their children.
- **Bright Beginnings** assists and supports new parents. Currently operating in 44 hospitals across the state, the program offers tips on skills necessary for good parenting, infant care and nutrition.
- **Early Periodic Screening, Diagnosis and Treatment (EPSDT)** provides Medical Assistance recipients under 21 years old with preventive pediatric and other health care. By enrolling in the program, children are monitored to make certain immunizations are received and the appropriate physicals are given.
- **Early Intervention services** are now available to all children under the age of six years with developmental delays. The Department of Public Welfare is responsible for providing services to children birth to three years, while children three to five years are entitled to services through the Department of Education. Such services include speech and physical therapy and are provided in both the home and center setting.
- **Subsidized day care** has received a 51 percent increase in funding since 1987. The number of children enrolled has increased by more than 11,000 or 46 percent.
- **The Governor's Model Child Care Program** establishes on-site child care centers in some state buildings and public schools for commonwealth employees. During the past four years, child care state funds have enabled state government facilities as well as 40 public school districts to initiate or expand on-site programs for young children and their families.
- Commission Co-Chair, Mrs. Ellen Casey, visited several innovative programs for mothers with drug addictions and their children. Mrs. Casey also visited numerous Head Start programs and has delivered dozens of speeches in support of children and families.
- Beth Milder Beh, the governor's advisor on child care policy, updated the commission on the progress of **PENNSTART** and the **Governor's Interagency Subcommittee**. Ms. Beh briefed the commission on the **Community Self-Assessment Project** entitled "How Is This Community Caring For Its Young Children?" Sixteen communities in the commonwealth volunteered to conduct the assessment, write a summary report for the governor, and host a community briefing on their findings.
- Ms. Sandy Joseph, Pennsylvania's first state Head State coordinator, shared **Head Start** activities and initiatives with the commission including distribution of the County Health Services Survey.
- Ms. Beh received an award from the American Academy of Pediatrics for "outstanding service rendered as an advocate for children through government service."

## Private Foundation Support

In 1990, The Pew Charitable Trusts and The Heinz Endowments, two of the largest foundations in the country, joined forces to fund a prenatal program for low income women entitled, "A Better Start" described above. Later, they jointly supported the development of Pennsylvania Partnerships for Children which is directed by Commissioner Lucy Hackney, Esquire.

# VI. PRELUDE TO YEAR TWO

As the commission approaches year two and the co-chair agency passes from the Department of Health to the Department of Public Welfare, the commissioners plan to evaluate the development of the commission and formulate its vision for the next year.

At the June 1992 meeting, the commissioners shared their ideas about areas of focus for 1992-93. **In addition to developing implementation steps for the commission's Principles and Recommendations, commissioners expressed the need to address:**

- additional parent involvement in the commission's work
- family issues
- parenting issues and providing support for parents and families
- violence and its impact upon families
- cross-cultural diversity
- permanency planning for children
- prevention of abuse and neglect through early identification and intervention of at-risk children.
- coordination and collaboration of multi-systems serving children and families
- special needs children in child care settings.

Governor Casey established the Commission for Children and Families with a vision to strengthen children and families by addressing the challenges confronting them. As Pennsylvania fulfills its "shared commitment" to investing in our children and families, the commission will continue to advise the governor on issues that can make a difference in the lives of our most valuable resource — our children.

*MRS. CASEY, DR. ROSS, ROSALYNN CARTER, BETTY BUMPERS, DEBRA MARSTELLER*



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*MRS. ELLEN CASEY WITH CHILDREN*





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## APPENDICES


- Executive Order Establishing Commission ..... 16
- Commissioner Directory ..... 18
- State Agency and other Representatives ..... 21
- Committee Membership ..... 22
- PENNSTART Matrix ..... 23
- Immunization Task Force Report ..... 35
- Childhood Immunization Insurance Act (Act 1992-35) ..... 39

## APPENDIX I

***Commonwealth of Pennsylvania***
***GOVERNOR'S OFFICE***
# *EXECUTIVE ORDER*

| Subject: | | Number: |
|---|---|---|
| Governor's Commission for Children and Families | | 1991-1 |
| **Date:** | **Distribution:** | **By Direction of:** |
| January 2, 1991 | B | Robert P. Casey, Governor |

WHEREAS, the challenges confronting our children and families have been mounting for many years and have now reached crisis proportions; and

WHEREAS, the breakup of the traditional family, the threat of drug abuse, the necessity for both parents to work outside the home, the lack of quality, affordable child care and other problems have placed unusual stresses on modern family life; and

WHEREAS, government at all levels must develop and coordinate a range of policies that support the family and aid in the development of the whole child; and

WHEREAS, the people of Pennsylvania are committed to investing in our children's future, rebuilding our communities around families and strengthening families around children.

NOW, THEREFORE, I, Robert P. Casey, Governor of the Commonwealth of Pennsylvania, by virtue of the authority vested in me by the Constitution of the Commonwealth of Pennsylvania and other laws, do hereby establish the **Governor's Commission for Children and Families** (hereinafter referred to as "the Commission"), as hereinafter set forth:

**1. Purpose of the Commission.** The Commission shall serve in an advisory capacity to the Governor, and is hereby established to:

**a.** Issue an annual report that would provide recommendations for alleviating the problems confronting our children and families;

**b.** Provide technical assistance to local communities in their efforts to improve care for children;

**c.** Educate the public on the conditions faced by children and their families;

**d.** Promote legislation that would strengthen community around children and families;

**e.** Assist in replicating proven innovations in effective programs for children and families; and

**f.** Conduct studies and issue research reports that apply a comprehensive perspective to children and family policy issues.

**2. Composition of the Commission.**

**a.** The Commission shall be co-chaired by the First Lady of Pennsylvania and by a designated Deputy Secretary from an executive branch agency. The Departments of Health, Public Welfare, and Education shall assign Deputy Secretaries to serve as co-chairs on rotating, annual assignments. During the first year, the Department of Health shall designate the co-chair. During the second year, the Department of Public Welfare shall designate the co-chair. During the third year, the Department of Education shall designate the co-chair. Thereafter, chairs will be designated by the Governor.

**b.** The Commission shall include representatives of cabinet agencies, legislators, and members of the public who represent parents, advocacy groups, academia, local government, education, unions, service providers, and business leaders. The Commission shall review and recommend policies and programs to the Governor, the Executive Branch, and the General Assembly.

**c.** The Commission members shall be recommended by the Governor's Advisor on Child Care Policy for appointment by the Governor.

**d.** The Commission shall number no fewer than 20 and no more than 30 members.

**3. Term of Membership.** Members of the Commission shall serve for staggered terms of one or two years as the Governor shall designate. The Governor shall fill any vacancies that may occur.

**4. Compensation.** Members of the Commission shall receive no compensation for their services. However, those who are not employes of the Commonwealth, who incur expenses through their services on the Commission, will be reimbursed in accordance with established Commonwealth policy.

**5. Cooperation by State Agencies.** All agencies under the Governor's jurisdiction shall cooperate fully with the Governor's Commission for Children and Families and provide staff assistance and information as needed by the Commission to carry out its functions effectively.

**6. Reports.** The Commission shall issue an annual report on the Commonwealth's policies and programs for children and families to the Governor and General Assembly.

**7. Effective Date.** This order shall take effect upon the termination of Executive Order 1989-7.

**8. Termination Date.** This order shall remain in effect until the Governor's Commission for Children and Families goes out of existence or this order is rescinded by another Executive Order.

## APPENDIX II

# GOVERNOR'S COMMISSION FOR CHILDREN AND FAMILIES

**Co-Chairs:**
**Mrs. Ellen Casey**
**Dr. Allan S. Noonan**

**Governor's Staff:**
**Elizabeth Milder Beh**
**Advisor to the Governor on Child Care Policy**

---

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*PARENTS' MEETING WITH GOVERNOR TO REPORT ON SURGEON GENERAL'S CONFERENCE: RALPH WARNER, BETH BEH, MARY WOOD, KISHA HENLEY-DAVIS, ELLEN CASEY, GOVERNOR CASEY*

## APPENDIX III

# GOVERNOR'S COMMISSION FOR CHILDREN AND FAMILIES

### AD HOC AGENCY REPRESENTATIVES STAFF AND GUESTS

During the year, Commissioners would need to occasionally send a representative on their behalf. The Governor's Office, various state agencies, and other agencies' staff and guests attended Commission meetings. **The following is a list of those who attended:**

Jane Allis
Maureen Ambrose
James Anderson
Randall Bauer
Wendy Belt
Mary Bender
Martha Bergsten
Michael Breslin
Maggie Brown
C. Scott Bucher
Matthew Castrina
Karen Chandler
Sandy Christianson
Fran Cleaver
Carol Cochran
Joe Cullen
Lillian Escobar-Haskins
Corinne Evans
Barry Fenide
Rita Frealing
Judy Garner
Laquita Graves
Robert Haigh
Pat Halpin-Murphy
Kristen Hardy
Jan Johnson
Deborah Jones
Sandy Joseph
Alvina Klass
Cindy Larlein
Joseph Lehman
Charles Lyons
Sam McClea
Maureen McCullough
Janice McElroy
Kathleen McGrath
Mary Ellen McMillen
Robert McNamara
Jane Mendlow
David Myers
Sondra Myers
Kay Packer
Carol Ranck
Joel Salomon
Wanda Salomon
Jeanne Schmedlen
Sharon Schwartz
Michelle Shaffer
Camille Smith
Richard Speese
James Stephenson
Lisa Vacton
Marianne Weirich
Ken Wickham
Vicki Wilkin
Carol Williams
Donn Williams

*MRS. ELLEN CASEY EXPLAINS SOME OF THE FINER POINTS OF READING; HER AUDIENCE IS SKEPTICAL. MARCH 31, 1992, PINE STREET WIC OFFICE*



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## APPENDIX IV

# GOVERNOR'S COMMISSION FOR CHILDREN AND FAMILIES

### COMMISSIONERS COMMITTEE MEMBERSHIP

**Committee on Child Development**

Jerlean Daniel, Ph.D. (Co-Chair)
Sally Newman, Ph.D. (Co-Chair)
Nancy Chapman
Deborah W. Foster
Ed Geiger
Earl Hess, Ph.D.
Representative Charles Nahill
Annette Palutis
Albert Paschall
Marsha Poster, Ph.D.
Jacqueline Singel
Cheri Sterman
Ralph Warner

**Committee on Health Care**

Susan Aronson, M.D. (Co-Chair)
Lucy Hackney, Esq. (Co-Chair)
Alice Tuohy O'Shea, Esq.
Truong Ngoc Phuong
Sharon Potter
Sister Mary Scullion
Martha Zazyczny

**Committee on Child Abuse and Neglect Prevention**

John Pierce, Ph.D. (Chair)
Maria C. Frontera
Donna D. Gority
Senator James Greenwood
Kisha Henley-Davis
Senator Michael O'Pake
Representative Ted Stuban
Jerome Taylor, Ph.D.
Sister Jo Ann Trama
Mary Wood

*MRS. ELLEN CASEY WITH CHILDREN*



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## APPENDIX V

# GOVERNOR'S COMMISSION FOR CHILDREN AND FAMILIES

### PENNSTART MATRIX

### AN INVENTORY OF THE PROGRAMS AND SERVICES AVAILABLE TO YOUNG CHILDREN IN PENNSYLVANIA.

A. The Inventory

B. Listing of all programs and services on the matrix

C. Current Advisory Committees

GOVERNOR'S OFFICE ON CHILD CARE POLICY — MAY 29, 1992

# APPENDIX V

## An Inventory of the Programs and Services available to young children in Pennsylvania.

| Prog # | Dpt | Prog Ctgy | Program Name | Program Description | Fed Fund | Federal Funding Source Name | State Fund | State Funding Source Name | RM State % | Cty Fund | RM Cty % | Local Fund | RM Local % | Impl | Target Age | Target Condition | Inc Elig | Slide Scale | FPIG % | State Wide |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | FED | CD | Head Start | Provides comprehensive developmental services for low-income pre-school children including: educational, social, medical, dental, nutritional and mental health services for children to benefit from comprehensive family and community care. | Y | | N | | | N | | Y | 20 | | 3 to 4 | Low-income pre-school children. | Y | | 100 | Y |
| 2 | FED | CD | Head Start Parent Child Centers | Provides comprehensive developmental services for low-income families with infants and toddlers including: educational, social, medical, dental, nutritional and mental health services for children to benefit from comprehensive family and community care. | Y | | N | | | N | | Y | 20 | | 0 to 3 | Low-income families with infants and toddlers | Y | | 100 | N |
| 3 | GOV | CD | Gov's Model Child Care Project | Special grant monies are provided to establish model worksite child care facilities. | N | | Y | Model Grant | | N | | N | | RPC | 0 to 6 | Pre-school children. | N | | | N |
| 4 | AGR | GH | Farmers Market Nutrition Program | Provides $25.00 in coupons to buy fresh fruits and vegetables at farmers markets. | Y | | Y | | 30 | N | | N | | RPC | | Pregnant and breast-feeding WIC participants and their children | Y | | 185 | Y |
| 5 | PHD | GH | Care Coordination for Children with Special Health Needs | Provides assessment of child/family strengths and needs, and development of an individualized plan of care, facilitates service integration and patient advocacy. | Y | Title V | N | | | N | | N | | | 0 to 21 | Children with handicapping conditions and chronic diseases. | N | | | N |
| 6 | PDH | GH | Family Planning - MCH | Clinical services include full health screenings with a review of the patients medical history, physical examination and laboratory tests, treatment and referral, education and counseling and a prescription for an approved contraceptive with follow-up. | Y | Title V | N | | | N | | N | | | | Sexually active teens and women discharged from maternity services. | Y | N | | Y |
| 7 | PDH | GH | Genetic Services | Supports genetic screening, education and counseling; promotes educational programs for health care providers and the general public; assesses patient risks by primary health care providers; provides tests and counseling for some low-income patients. | Y | Title V | N | | | N | | N | | | | Low-income and family planning clients, health care providers. | Y | N | | Y |
| 8 | PDH | GH | Immunization | For elimination or control of preventable diseases. Provides vaccine for specific diseases usually for infants and children available through public and private health care providers. Education, disease surveillance and vaccine enforcement also provided. | Y | CDC | Y | | | N | | N | | | | Infants and children | N | N | | Y |
| 9 | PDH | GH | Maternity Service Project | Services include comprehensive antepartum and postpartum outpatient care, monitoring and appropriate follow-up for high-risk patients. Nutritional evaluation with referral to WIC, family planning, educational, health and social services. | Y | Title V | Y | | | N | | N | | | | Low-income mothers and children with limited health services. | Y | N | 185 | N |

**Prog. #:** Reference # for this report only. **Prog. Ctgy:** CD - Child Development, CA - Child Welfare, GH - General Hospital, SN - Special Needs. **Fed. Fund:** Federally Funded. **State Fund:** State Funded. **RM State %:** Required Match of State Funds. **Cty. Fund:** Funded by the Counties. **RM Cty. %:** Required Match of County Funds. **Local Fund:** Locally Funded. **RM Local %:** Required Match of Local Funds. **Impl.:** Implemented by the Casey Administration. **Inc. Elig.:** Income Eligibility Requirement. **Slide Scale:** Sliding Scale for Co-Payment. **FPIG:** Federal Poverty Income Guidelines. **State Wide:** Program Availability State Wide.

Blank Cells: Information Not Available.

**Governor's Office — May 29, 1992**

# APPENDIX V

| Prog. # | Dpt. | Prog. Ctgy. | Program Name | Program Description | Fed. Fund | Federal Funding Source Name | State Fund | State Funding Source Name | RM State % | Cty. Fund | RM Cty. % | Local Fund | RM Local % | Impl. | Target Age | Target Condition | Inc. Elig. | Slide Scale | FPIG % | State Wide |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 | PDH | GH | Newborn Screening and Follow-up Program | To identify newborns with phenylketonuria, hypothyroidism and other diseases that may be added to the program in order to prevent mental retardation, physical defects or death, through prompt treatment. | Y | Title V | N | | – | N | | N | | | 0 to 1 month | All newborn infants in PA. | N | N | | Y |
| 11 | PDH | GH | Primary Health Services for Children (CHAPS) | Preventive health services including screenings, growth and developmental assessments, immunizations, and care coordination for acute and chronic health conditions. | Y | Title V | N | | | N | | N | | RPC | 0 to 17 | Low-income uninsured children not eligible for MA. | Y | Y | 200 | N |
| 12 | PDH | GH | Residential Treatment for Women and Children | Long-term (6-12 mos.) residential treatment for the mother while providing prevention and intervention services for the children (0-12). | Y | ADMS | Y | | | Y | | N | | | | Addicted women with children. | N | N | | Y |
| 13 | PDH | GH | School Health | Monitors and improves the health status of school age children in Pennsylvania. Provides health services including: nursing care, medical and dental examinations, first aid and emergency care, screening tests for vision, hearing, tuberculosis and scoliosis. | N | | Y | | | N | | N | | | 3 to 18 | School age children | N | N | | Y |
| 14 | PDH | GH | Teen Pregnancy and Parenting | Prenatal counseling, home visits, information on co-dependency, drugs and alcohol, AIDS, self-esteem and parenting. | Y | ADMS | N | | | N | | N | | | | Pregnant teens and teen fathers. | N | N | | N |
| 15 | PDH | GH | Teenage Pregnancy and Parenting Project (TAPP) | Comprehensive maternity care including pre-natal, labor and delivery, postpartum, follow-up with referral for other recommended psychosocial services. | Y | Title V | N | | | N | | N | | | 19 or under | Pregnant teenagers up to age 17 and 18/19 years with FPIG under 185% | N | N | 185 | Y |
| 16 | PDH | GH | Title V Supported Community Health District Services | Community Health nurse home visiting services for specified high risk infants, children and pregnant women. Consultation and technical assistance, information and referral for specified programs. | Y | Title V | Y | | | N | | N | | | 0 to 21 | low-income children at risk for preventative health problems. | N | N | | Y |
| 17 | PDH | GH | WIC (Women, Infants and Children Supplemental Food Program) | Provides supplemental food and nutrition education to pregnant, postpartum and breastfeeding women for infants and young children from families with inadequate income. | Y | USDA | Y | | | N | | N | | | | Low-income mothers and children at medical or nutritional risk. | Y | N | 185 | Y |
| 18 | PDH | SN | Cardiac | Provides diagnosis, inpatient hospital care, medical treatment and social services for children with heart conditions. | Y | Title V | N | | | N | | N | | | 0 to 21 | Children with congenital or acquired heart disorders. | Y | Y | 185 | Y |
| 19 | PDH | SN | Childhood Lead Poisoning Prevention | Provides blood screening, medical referral, education of parents and others in the community, detection and referral for the reduction of lead hazards to children. | Y | Title V, CDC | Y | | | Y | | N | | | | Children at risk for lead poisoning. | N | N | | N |
| 20 | PDH | SN | Chronic Disabling Conditions of Children | Provides limited inpatient care for comprehensive diagnostic purposes, outpatient medications, laboratory, radiology, nutritional supplements, appliances and disposable supplies. Rehabilitative services include medical, social and genetic evaluation. | Y | Title V | N | | | N | | N | | | 0 to 21 | Children with a chronic disabling condition. | Y | Y | 185 | Y |
| | | | | | | | | | | | | | | | | | | | | |

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**Governor's Office — May 29, 1992**



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# APPENDIX V

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 | PDH | SN | Cleft Palate/ Plastic Surgery | Provides diagnosis and long-term comprehensive medical, surgical, dental and other rehabilitative services to patients with cleft conditions, craniofacial anomalies and other congenital or acquired conditions requiring plastic surgery. | Y | Title V | N | | | N – | | N | | | 21 or under | Children with cleft condition. | Y | Y | 185 | Y |
| 22 | PDH | SN | Cooley's Anemia | | N | | Y | | | N | | N | | | | Patients with chronic blood disorders | Y | Y | 185 | Y |
| 23 | PDH | SN | Cystic Fibrosis Program | Provides diagnosis, medication, equipment, oxygen, outpatient services, inpatient hospitalizations, home intravenous therapy, enteral and parenteral nutrition and psychological services. | Y | Title V | N | | | N | | N | | | 0 to 21 | Children with cystic fibrosis. | Y | Y | 185 | Y |
| 24 | PHD | SN | Hearing and Speech Program | Provides diagnosis, treatment, habilitation, prosthetics and remediation of speech, language and hearing problems for children. | Y | Title V | N | | | N | | N | | | 21 or under | Children with hearing and speech conditions | Y | Y | 185 | Y |
| 25 | PDH | SN | Home Ventilators Program | Provides equipment, supplies, and nursing care services for ventilator dependent children at home. Prescribed by the primary care physician, case management services are provided through home visits. | N | | Y | | | N | | N | | | 0 to 21 | Children with chronic respiratory failure. | Y | Y | 185 | Y |
| 26 | PDH | SN | Orthopedic Program | Patients with orthopedic problems receive treatment services which include inpatient medical and surgical care and prescribed orthotic/prosthetic appliances and support services. | N | Title V | Y | | | N | | N | | | 0 to 21 | Age, orthopedic condition | Y | Y | 185 | Y |
| 27 | PDH | SN | Spina Bifida | Treatment services include inpatient care, surgery, outpatient diagnostic and treatment, radiology, prescription drugs, incontinent aids, appliances, and other ambulatory aids. | N | | Y | | | N | | N | | | | Children and adults with spina bifida. | Y | Y | 185 | Y |
| 28 | L&I | CW | Bureau of Labor Standards | Ensures compliance with Child Labor Law, including routine and compliance investigations. | N | | Y | | | N | | N | | | 18 or under | Persons under 18 years of age | N | | | Y |
| 29 | L&I | CW | Bureau of Occupational and Industrial Safety | Administers and enforces the Fire and Panic Law to ensure safety standards, including safety standards for day care centers. Also ensures safety standards for bedding and upholstery articles and stuffed toys. | N | | Y | | | N | | N | | | | All citizens. | N | | | Y |
| 30 | L&I | SN | Teen Pregnancy and Parenting Program | Comprehensive remedial education, life skills training and support services such as parenting, education and health care monitoring. | Y | | Y | | | N | | N | | | 14 to 21 | Pregnant and parenting youth and their dependent children | Y | | | Y |
| 31 | PDE | CD | Chapter 1 | Serves educationally disadvantaged children to assist acquisition of basic skills. | Y | | N | | | N | | N | | | 5 to 17 | Income allocation to educationally disadvantaged for service. | N | | | Y |
| | | | | | | | | | | | | | | | | | | | | |

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# APPENDIX V

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| 32 | PDE | CD | Chapter 2 | Fed. Asst. to SEA/LEA for planning, development, operation expansion of six target programs: Students at risk, Instruc. and Ed. materials, Effective Schools, Training and Prof. Development, Enhancement of Student Excellence, Innovative Programs. | Y | | N | | -- | N | | N | | | 5 to 17 | Money based on enrollment. AFDC and sparcity are grant factors. | N | -- | | Y |
| 33 | PDE | CD | Education of the Disadvantaged | Assistance to local education agencies to fund part of required local match for Head Start and Child Care | N | | Y | | | N | | N | | | 0 to 5 | Economically disadvantaged population | Y | | | Y |
| 34 | PDE | CD | Even Start | Designed to help parents become full partners in the education of their children, to assist children in reaching their full potential as learners and to provide literacy training for the parent. | Y | | N | | | N | | Y | 10/40 | RPC | 0 to 7 | Ch. l eligible children and parents eligible for adult basic education. | Y | | | Y |
| 35 | PDE | CD | Family Centers for Child Development | Preschoolers participate in learning activities to enhance their educational development. Children receive periodic screenings to discover possible impairments to learning. Parent educators teach parents to understand and monitor the child's development. | Y | | N | | | N | | N | | RPC | 0 to 5 | Children in participating school districts | Y | | | N |
| 36 | PDE | CD | Homeless Assistance and Education | For the implementation of the educational standards provided in the Stewart B. McKinney Homeless Assistance Act. The support services provided facilitate the enrollment, attendance and academic success of homeless students. | Y | | N | | | N | | N | | RPC | 3 to 18 | Homeless children and youth, including preschoolers. | Y | | | N |
| 37 | PDE | CD | Migrant Education | Educational continuity for children of mobile agriculture workers through supplemental services to needy children 3-21 | Y | | Y | | | N | | N | | RPC | 3 to 21 | Children of migrant farm workers | N | | | Y |
| 38 | PDE | CD | Migrant Even Start | Same As Even Start | Y | | N | | | N | | Y | 10 | RPC | 0 to 7 | Migrant workers and their children. | N | | | N |
| 39 | PDE | CD | Model Child Care | Special grant monies are provided to school districts and intermediate units to establish early childhood and education models of comprehensive care and service. Grants are for 1 year only, but all local education agencies are eligible year to year. | N | | Y | | | N | | Y | | RPC | ALL | Varies according to priority determined yearly | N | | | Y |
| 40 | PDE | CD | Non-Public School Services | Provides auxiliary school services to children in non-profit, non-public schools. | N | | Y | | | N | | N | | | K to 12 | Non-public children in need of services (i.e. Special Needs). | N | | | Y |
| 41 | PDE | CD | Public School Kindergarten | Early childhood education program available to all 5 year old children. Some districts also provide 4 year old kindergartens. State reimburses local districts for instructional costs using local district rate. | N | | Y | | | N | | | Y | | 4 to 5 | Open to all age eligible children | N | | | Y |
| 42 | PDE | CD | Special Education - Early Intervention | Educational-developmental services to address the needs and strengths of families to enhance the development of young children. | Y | | Y | | | N | | N | | RPC | 3 to 7 | Eligible young children, 3 to beginners. | N | | | Y |
| | | | | | | | | | | | | | | | | | | | | |

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**Governor's Office — May 29, 1992**

# APPENDIX V

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| 43 | PDE | CW | SACC - School Age Child Care | Before and after school child care for working families, school based sites, available year round (PA requirement) | Y | | N | | | N – | | N | | RPC | 13 or under | Children from working families below 75% of the state median income. | Y | | | N |
| 44 | PDE | CW | Single Parents and Displaced Homemakers Program | Provides vocational counseling and job placement services include: counseling, vocational assessment, job search skills instruction, limited financial aid for child care, tuition and transportation | Y | | Y | | | N | | N | | | | Single parents, displaced homemakers and their dependent children | Y | | | Y |
| 45 | PDE | CW | Teen Pregnancy and Parenting Program | Provides comprehensive services to pregnant and parenting teens including: counseling, health services, child day care, academic support, career counseling and transportation. | Y | | Y | | | N | | Y | | | 18 or under | Pregnant and parenting teens and their dependent children. | N | | | Y |
| 46 | PDE | GH | Child and Adult Care Food Program | Reimbursement provided to child care centers and family day care homes for meals | Y | | N | | | N | | N | | | ALL | Children enrolled in a registered program | N | | | Y |
| 47 | PDE | GH | National School Lunch and Breakfast Program | Provides nutritious breakfasts and lunches during the school year. | Y | | Y | | | N | | Y | | | 21 or under | Low-income school age children. | Y | | 130 | Y |
| 48 | PDE | GH | Summer Food Service Program | Provides nutritious meals to low-income children during the summer months when school is not in session | Y | | N | | | N | | N | | | 5 to 18 | Low-income school age children | Y | | 185 | Y |
| 49 | PDE | GH | The Nutrition Education and Training Program | Provides nutritional education and training to preschoolers, school-aged children, teachers and food service staff. | Y | | N | | | N | | N | | | 3 to 18 (to educate) 18 or older (to train) | Preschoolers, students, teachers, parents, food service staff. | N | | | Y |
| 50 | DPW | CW | AFDC - Aid to Families with Dependent Children | Cash allowances to meet basic living needs of low-income families who are deprived of parental support due to death, desertion, absence, incapacity or unemployment | Y | Title IV-A | Y | | 43 | N | | N | | | 0 to 18 | Deprived of parental support for specific reasons | Y | | | Y |
| 51 | DPW | CW | Bridge Housing Program | Assists homeless persons for up to 1 year by providing housing and case management with the goal of returning clients to the most independent life situation possible. By providing housing, this prevents foster care placement of children. | N | | Y | | | N | | N | | | ALL | Homeless families and children. | Y | | | Y |
| 52 | DPW | CW | Case Management Program | Provides homeless individuals access to activities and services needed to work towards permanent housing and self sufficiency | N | | Y | | | N | | N | | | ALL | Families in shelters or near homeless | Y | | | Y |
| 53 | DPW | CW | Child Abuse Prevention | Provides for initial and supplemental investigation of reports of assault or other offenses against children. | N | | Y | | | N | | N | | | 0 to 18 | Victimized children. | N | | | Y |
| 54 | DPW | CD | Child Day Care - Title XX/State Program | Provides non-entitlement subsidized day care services to children of low-income families who need the service to work | Y | Title XX | Y | | | N | | N | | | 0 to 13 | Working or job training parent or caretaker | Y | | Prior to 6/92: 185 After 6/92: 235 | Y |
| | | | | | | | | | | | | | | | | | | | | |

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**Governor's Office — May 29, 1992**



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# APPENDIX V

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 55 | DPW | CD | Child Day Care at Risk Program | Same as above and families who are currently working but at risk of qualifying for welfare. | Y | Title IV-A | Y | | 43 – | N | | N | | RPC | 0 to 13 | Working parent/ caretaker. | Y | | Prior to 6/92: 185 After 6/92: 235 | Y |
| 56 | DPW | CD | Child Day Care - Child Care and Development Block Grant | Same as Child Day Care - Title XX for working and training families. | Y | CCDBG | N | | | N | | N | | RPC | 0 to 13 | Same as above | Y | | Prior to 6/92: 185 After 6/92: 235 | Y |
| 57 | DPW | CW | Child Support Enforcement | Find absent parents, establish paternity, collect support payments to reduce AFDC dependency, and to establish and enforce support obligations owed to children by absent parents. Provided through the county Domestic Relations Section. | Y | Title IV-D | Y | | 34 | Y | | N | | RPC | 0 to 18 | Support owed to child. | N | | 185 | Y |
| 58 | DPW | CW | Abuse and Placement Prevention (in-home) | Intervention for preservation of family | Y | Title IV-B | Y | | 25 | N | | N | | | 0 to 18 | Substantiated abuse; in need of protective services. | N | Y | | Y |
| 59 | DPW | CW | Placement Services (includes foster care) | Community-based placements. | Y | Title IV-E | Y | | 25 | N | | N | | | 0 to 18 By Court to 21 | Endangered child. | N | Y | | Y |
| 60 | DPW | CW | Adoption Service | Permanency service | Y | Title IV-E | Y | | 43 | N | | N | | | 0 to 18 | | N | Y | | Y |
| 61 | DPW | CW | Domestic Violence Services | Provides services to domestic violence victims and their children who are in situations of actual or threatened abuse. Services include: counseling, shelter and accompaniment to hospitals, police and court. | Y | Title XX DFSCBG FVPS | Y | | | N | | N | | | ALL | Victims of domestic violence and their dependent children. | N | | | Y |
| 62 | DPW | CW | Emergency Shelter Program | Provides refuge care to persons in immediate need of shelter | Y | Title XX | Y | | | N | | N | | | ALL | Homeless including all dependent children in residence | N | | | Y |
| 63 | DPW | CW | Housing Assistance Program | Provides assistance to individuals and families to prevent or end homelessness. A maximum of $500.00 per case per year may be provided in the form of rental, utility or security deposits. | N | | Y | | | N | | N | | | ALL | Families in shelter or at risk of eviction. | Y | | 150 | Y |
| 64 | DPW | CW | Human Services Development Fund | Provides discretionary funding to counties to use within the seven human service programs for which counties are responsible. | N | | Y | | | N | | N | | | 0 to 18 | Abused, neglected, dependent or delinquent children. | N | | | Y |
| 65 | DPW | CW | JOBS (New Directions) Child Day Care Benefits | Cash allowance(s) to pay the cost of child care for children of AFDC recipients who are in approved education or job training program. | Y | Title IV-A | Y | | 43 | N | | N | | RPC | 0 to 13 | AFDC eligible and in training. | Y | | | Y |
| 66 | DPW | CW | Juvenile Offender Substance Abuse Program | Provides substance abuse services to juveniles who are confined in Youth Development Camps and Youth Forestry Camps to assist them in their ability to return to their communities without returning to substance abuse. | N | | Y | | | N | | N | | | 12 to 18 | Court adjudication (males) | N | | | Y |
| | | | | | | | | | | | | | | | | | | | | |

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# APPENDIX V

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 67 | DPW | CW | PENNFREE Bridge Housing | Provides housing and case management services to homeless clients with substance abuse problems. Linkage to substance abuse support services emphasized in this program. | Y | ADAMHSBG | N | | | N – | | N | | RPC | | Homeless individuals with substance abuse problems and their dependent children. | Y | | | N |
| 68 | DPW | CW | Permanency for Families Program | Provides assistance to families in an emergency shelter situation, to acquire and maintain permanent housing. Assistance includes intensive case management and rental assistance. | Y | ADAMHSBG | Y | | | N | | N | | | ALL | Homeless families with special emphasis on children's needs. | Y | | | Y |
| 69 | DPW | CW | Rape Crisis Services | Provides counseling, accompaniment to police, hospital and court to rape victims and their significant others. Prevention and education activities. | Y | Title XX DFSCBG PHHSBG | Y | | | N | | N | | | ALL | Adult and child victims of sexual violence. | N | | | Y |
| 70 | DPW | CW | Transitional Child Care Program (TCC) | Cash allowance(s) to subsidize the cost of child day care for past recipients of AFDC whose cash assistance case has closed due to employment of parent/caretaker | Y | Title IV-A | Y | | 43 | N | | N | | RPC | 0 to 13 | Prior AFDC recipient | Y | | 185 | Y |
| 71 | DPW | GH | EMC - Extended Medical Care Program | Full range of health coverage for participants to AFDC whose cash assistance case has been closed due to employment of parent/ caretaker. | Y | Title XIX | Y | | 43 | N | | N | | RPC | 0 to 18 | Prior AFDC recipient. | Y | | 185 | Y |
| 72 | DPW | GH | EPSDT - Early Periodic Screening, Diagnosis and Treatment | Preventive pediatric health care that includes screening examinations, diagnosis and subsequent treatment. Immunizations include: consistent with American Academy of Pediatrics (AAP) recommendations. | Y | Title XIX | Y | | 43 | N | | N | | RPC | 0 to 21 | | Y | Y | Depending on age 0-5 - 133 5-8 - 100 9-21 - 56 | |
| 73 | DPW | GH | Food Stamp Program | Food coupons to subsidize cost of food for low-income families. | Y | Title VII | N | | | N | | N | | | ALL | Resources below $2000 | Y | | 130 | Y |
| 74 | DPW | GH | Healthy Beginnings | Full range of health care covered for children of low-income families | Y | Title XIX | Y | | 43 | N | | N | | RPC | 0 to 6 6 to 19 | | Y | | 133 100 | Y |
| 75 | DPW | GH | Healthy Beginnings Plus | Full range of health care coverage and support services (transportation, meal planning, parenting training, childbirth classes) to low-income pregnant women. | Y | Title XIX | Y | | 43 | N | | N | | RPC | 0 | | Y | | 133 | Y |
| 76 | DPW | GH | LIHEAP - Low Income Home Energy Assistance Program | Provides cash benefits to help eligible low-income households pay for their home heating fuel and crisis payments to resolve weather-related supply shortages and other energy related emergencies. | Y | Title IV-A Title XXVI | Y | | 43 | N | | N | | | ALL | Households without heat or imminent danger of heat loss. | Y | | 150 | Y |
| | | | | | | | | | | | | | | | | | | | | |

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| 77 | DPW | GH | MNO - Medically Needy Only Assistance Program | Health care coverage for low-income families including physician visits and hospital admission; excludes prescriptions. | Y | Title XIX | Y | | 43 – | N | | N | | | ALL | Resource limitation and income eligibility. | Y | | Family income at or below: 1 person - 77 2 persons - 60 3 persons - 50 4 persons - 50 5 persons - 52 6 persons - 51 7 persons - 51 8 persons - 50 Family resources at or below: $2,400 (1 per) $3,200 (2 per) Add $300 each additional person | Y |
| 78 | DPW | SN | Blind and Visual Services for Children | Evaluation, counseling, and instruction services to blind and visually impaired children being demonstrated; equipment and mobility aids and devices are also made available | N | | Y | | | N | | N | | RPC | 0 to 21 | Blind or visually impaired | Y | | | N |
| 79 | DPW | SN | Child and Adolescent Service System (CASSP) | A position is funded for each county to coordinate service system to benefit children with mental health problems (and adolescents) to include child welfare, juvenile justice, education, drug and alcohol, mental retardation services, etc. | Y | Title XX | Y | | | Y | | N | | RPC | 0 to 18 | Mental health problem. | N | Y | | Y |
| 80 | DPW | SN | Children At-Risk of Needing Early Intervention | Identification, assessment, and tracking of children at-risk of needing intervention due to: low birth weight; neo-natal intensive care infants; born to chemically dependent mother; seriously abused or neglected; dangerous levels of lead poisoning | Y | P.L. 102-119 | Y | Act 212.90 | | N | | N | | RPC | 0 to 3 | Meet target group criteria for at-risk status. | N | N | | Y |
| 81 | DPW SN | | Community Residential for Persons with Mental Retardation | Habilitation services - provided in the home; Family Living Homes - unrelated family provides for up to two individuals in need; Community Dwellings - provide supervised care; Permanency Planning - promotes loving permanent family relationships. | Y | Title XIX waiver | Y | | 43 | N | | N | | | ALL | Persons with mental retardation. | Y | Y | 133 | Y |
| 82 | DPW | SN | Early Intervention - Infant and Toddlers | Early identification, screening, and assessment services; health and habilitation intervention services (nutrition, speech, occupational therapy, psychological services, etc.); assistive technology devices and services; service management | Y | Title XX P.L. 109-119 | Y | Act 212.90 | | N | 10 | N | | RPC | 0 to 3 | Disabled and develop-mentally delayed children up to 3rd birthday | N | | 185 | Y |
| 83 | DPW | SN | Family Support Services/Mental Retardation | Respite care; sitter services; socialization/recreation; speech therapy; aural rehab; hearing aid evaluations; dactylogic therapy; physical therapy; occupational therapy; behavioral programming; adaptive appliances; special diets. | N | | Y | | | N | 10 | N | | | ALL | Persons with a diagnosis of mental retardation. | N | | | Y |
| 84 | DPW | SN | Family-based Mental Health Services | Intensive in-home services that are team delivered treatment and support services | Y | Title XIX | Y | | 43 | N | | N | | RPC | 0 to 18 | Children at risk of serious emotional disturbance. | N | Y | 133 | Y |
| | | | | | | | | | | | | | | | | | | | | |

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**Governor's Office — May 29, 1992**



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# APPENDIX V

| Prog. # | Dpt. | Prog. Ctgy. | Program Name | Program Description | Fed. Fund | Federal Funding Source Name | State Fund | State Funding Source Name | RM State % | Cty. Fund | RM Cty. % | Local Fund | RM Local % | Impl. | Target Age | Target Condition | Inc. Elig. | Slide Scale | FPIG % | State Wide |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 85 | DPW | SN | Intensive Case Management | Family-focused, child specific, service delivery to most persistent and/or problematic situations involving at least one family member who has mental health problems. | Y | Title XIX | Y | | 43 | N – | | N | | RPC | ALL | Family member with serious emotional disturbance | N | Y | 133 | Y |
| 86 | DPW | SN | LIFE: Living in Family Environments Project | Pilot projects in three counties designed to provide residential and treatment options for children under 10 years of age who are at risk of psychiatric hospitalization | N | | Y | | | N | | N | | RPC | 0 to 10 | Under age 10 at risk of institutionalization N | | Y | | N |
| 87 | DPW | SN | Mental Health Family Support Service | Non-treatment services to parents and children including respite, parent skill training, etc. | Y | Title XX ADAMHBG | Y | | 43 | Y | 43 | N | | RPC | ALL | Children who have serious emotional disturbance | N | Y | 133 | Y |
| 88 | DPW | SN | Mental Retardation Case Management Service | For persons who are mentally retarded; intake, referral, service linkage, monitoring and advocacy services are provided | N | | Y | | | Y | | N | | | ALL | Diagnosis of mental retardation | N | N | | Y |
| 89 | DPW | SN | Non-State Intermediate Care Facilities for Mentally Retarded | Residential and intensive habilitation services to persons with mental retardation. Meet licensure and certification requirements for program services and health environment. Emphasize active treatment, individualization, and normalization. | Y | Title XIX | Y | | 43 | N | | N | | | ALL | Persons with mental retardation. | Y | N | 133 | Y |
| 90 | DPW | SN | Outpatient Mental Health Treatment | Clinic based individual, group and family treatment, medication monitoring, clinic assessment and evaluation. Some clinics more specialized for children | Y | Title XIX | Y | | 43 | Y | | N | | | ALL | Person has serious emotional disturbance | N | Y | 133 | |
| 91 | DPW | SN | State Mental Hospitals | Inpatient psychiatric services. | Y | Title XIX | Y | | 43 | N | | N | | | Children 10-18 | Diagnosed as having a mental health problem; court ordered | N | Y | 133 | Y |
| 92 | DPW | SN | Student Assistance Program | Jointly managed program (DPW, DOH, PDE) of wide array of educational, support, and referral services for children at risk of mental health problems or substance abuse | Y | DFSCBG | Y | | | N | | N | | | 0 to 18 | School referred as at risk | N | | | Y |
| 93 | DPW | SN | Partial Hospitalization | Intensive day treatment services include individual and group therapy. Some providers have special units for children. | Y | Title XIX | Y | | 43 | N | | N | | | ALL | Diagnosis of mental health problem | N | Y | 133 | Y |
| 94 | OA | SN | Governor's Discretionary Grant for High Risk Youth | Provides drug and alcohol prevention and education, outreach and referral for treatment, job skills training, vocational counseling, service coordination and case management | Y | | N | | | N | | N | | | 21 or under | High risk youth as defined by Drug-free Schools and Comm. Act 1986 | N | | | Y |
| | | | | | | | | | | | | | | | | | | | | |

**Prog. #:** Reference # for this report only. **Prog. Ctgy:** CD - Child Development, CW - Child Welfare, GH - General hospital, SN - Special Needs. **Fed. Fund:** Federally Funded. **State Fund:** State Funded. **RM State %:** Required Match of State Funds. **Cty. Fund:** Funded by the Counties. **RM Cty. %:** Required Match of County Funds. **Local Fund:** Locally Funded. **RM Local %:** Required Match of Local Funds. **Impl.:** Implemented by the Casey Administration. **Inc. Elig.:** Income Eligibility Requirement. **Slide Scale:** Sliding Scale for Co-Payment. **FPIG:** Federal Poverty Income Guidelines. **State Wide:** Program Availability State Wide. Blank Cells - Information Not Available. **Governor's Office — May 29, 1992**



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## APPENDIX V

# PROGRAMS AND SERVICES AVAILABLE TO YOUNG CHILDREN IN PENNSYLVANIA: PENNSTART MATRIX

| | | |
|---|---|---|
| FED | #1 | Head Start |
| FED | #2 | Head Start Parent Child Centers |
| GOV | #3 | Governor's Model Child Care Project |
| AGR | #4 | Farmers' Market Nutrition Program |
| PDH | #5 | Care Coordination for Children with Special Health Needs |
| PDH | #6 | Family Planning |
| PDH | #7 | Genetic Services |
| PDH | #8 | Immunization |
| PDH | #9 | Maternity Service Project |
| PDH | #10 | Newborn Screening and Follow-up Program |
| PDH | #11 | Primary Health Services for Children (CHAPS) |
| PDH | #12 | Residential Treatment for Women and Children |
| PDH | #13 | School Health |
| PDH | #14 | Teen Pregnancy and Parenting |
| PDH | #15 | Teenage Pregnancy and Parenting Project (TAPP) |
| PDH | #16 | Title V Supported Community Health District Services |
| PDH | #17 | WIC (Women, Infants and Children, supplemental food program) |
| PDH | #18 | Cardiac |
| PDH | #19 | Childhood Lead Poisoning Prevention |
| PDH | #20 | Chronic Disabling Conditions of Children |
| PDH | #21 | Cleft Palate/Plastic Surgery |
| PDH | #22 | Cooley's Anemia |
| PDH | #23 | Cystic Fibrosis Program |
| PDH | #24 | Hearing and Speech Program |
| PDH | #25 | Home Ventilators Program |
| PDH | #26 | Orthopedic Program |
| PDH | #27 | Spina Bifida |
| L&I | #28 | Bureau of Labor Standards |
| L&I | #29 | Bureau of Occupational Safety |
| L&I | #30 | Teen Pregnancy and Parenting Program |
| PDE | #31 | Chapter 1 |
| PDE | #32 | Chapter 2 |
| PDE | #33 | Education of the Disadvantaged |
| PDE | #34 | Even Start |
| PDE | #35 | Family Centers for Child Development |
| PDE | #36 | Homeless Assistance and Education |
| PDE | #37 | Migrant Education |
| PDE | #38 | Migrant Even Start |
| PDE | #39 | Model Child Care |
| PDE | #40 | Non-Public School Services |
| PDE | #41 | Public School Kindergarten |
| PDE | #42 | Special Education - Early Intervention |
| PDE | #43 | SACC - School Age Child Care |
| PDE | #44 | Single Parents and Displaced Homemakers Program |
| PDE | #45 | Teen Pregnancy and Parenting |
| PDE | #46 | Child and Adult Care Food Program |
| PDE | #47 | National School Lunch and Breakfast Program |
| PDE | #48 | Summer Food Service Program |
| PDE | #49 | The Nutrition Education and Training Program |
| DPW | #50 | AFDC - Aid to Families with Dependent Children |
| DPW | #51 | Bridge Housing Program |
| DPW | #52 | Case Management Program |
| DPW | #53 | Child Abuse Prevention |
| DPW | #54 | Child Day Care - Title XX/State Program |
| DPW | #55 | Child Day Care at Risk Program |
| DPW | #56 | Child Day Care - Child Care and Development Block Grant |
| DPW | #57 | Child Support Enforcement |
| DPW | #58 | Abuse and Placement Prevention (in-home) |
| DPW | #59 | Placement Services (includes foster care) |
| DPW | #60 | Adoption Service |
| DPW | #61 | Domestic Violence Services |
| DPW | #62 | Emergency Shelter Program |
| DPW | #63 | Housing Assistance Program |
| DPW | #64 | Human Services Development Fund |
| DPW | #65 | JOBS (New Directions) Child Care |
| DPW | #66 | Juvenile Offender Substance Abuse Program |
| DPW | #67 | PENNFREE Bridge Housing |
| DPW | #68 | Permanency for Families Program |
| DPW | #69 | Rape Crisis Services |
| DPW | #70 | Transitional Child Care Program (TCC) |
| DPW | #71 | EMC - Extended Medical Care Program |
| DPW | #72 | EPSTD - Early Periodic Screening Diagnosis and Treatment |
| DPW | #73 | Food Stamp Program |
| DPW | #74 | Healthy Beginnings |
| DPW | #75 | Healthy Beginnings Plus |
| DPW | #76 | LIHEAP - Low Income Home Energy Assistance Program |
| DPW | #77 | MNO - Medically Needy Only Assistance Program |
| DPW | #78 | Blind and Visual Services for Children |
| DPW | #79 | Child and Adolescent Service System (CAASP) |
| DPW | #80 | Children At-Risk of Needing Early Intervention |
| DPW | #81 | Community Residential for Persons with Mental Retardation |
| DPW | #82 | Early Intervention - Infants and Toddlers |
| DPW | #83 | Family Support Services/Mental Retardation |
| DPW | #84 | Family Based Mental Health Services |
| DPW | #85 | Intensive Case Management |
| DPW | #86 | LIFE - Living in Family Environments Project |
| DPW | #87 | Mental Health Family Support Services |
| DPW | #88 | Mental Retardation Case Management Services |
| DPW | #89 | Non-State Intermediate Care Facilities for Mentally Retarded |
| DPW | #90 | Outpatient Mental Health Treatment |
| DPW | #91 | State Mental Hospitals |
| DPW | #92 | Student Assistance Program |
| DPW | #93 | Partial Hospitalization |
| DPW | #94 | Governor's Discretionary Grant for High Risk Youth |

## APPENDIX V

# CURRENT ADVISORY COMMITTEES

**GOVERNOR'S OFFICE:**

- The Commission for Children and Families .... Active
- Governor's Model Child Care State Steering Committee ..... Active
- Head Start State Collaboration Project Advisory Board ..... Active

**DEPARTMENT OF HEALTH:**

- Maternal and Child Health ..... Not Active
- Hemophilia Advisory Committee ..... Active
- Newborn Screening and Technical Assistance ... Active

**DEPARTMENT OF EDUCATION:**

- Even Start ..... Active
- Migrant Even Start ..... Active
- Migrant Education ..... Active
- Family Centers for Child Development ..... Active
- Homeless Assistance and Education ..... Active
- Special Education - Early Intervention ..... Active
- School Age Child Care - SACC ..... Active
- Single Parents and Displaced Homemakers Program ..... Active
- National School Lunch and Breakfast Program . Active
- Chapter 1 ..... Active
- Chapter 2 ..... Active

**DEPARTMENT OF PUBLIC WELFARE:**

(M = Mandated)

- M. .State Interagency Coordinating Council (ICC) . Active
- Planning Advisory Committee ..... Active
- Interdepartmental School-to-Work Transition Committee ..... Active
- Medical Assistance Children's Task Force (EPSDT work group) ..... Active

**Office of Mental Health and Mental Retardation**

- M. .Advisory Committee for Mental Health and Mental Retardation ..... Active
- Visual Services Advisory Committee (VSAC) ... Active
- Subcommittee on Positive Approaches ..... Active
- Subcommittee on Quality Enhancement ..... Active
- Family Living Subcommittee ..... Active
- Community Supports Subcommittee ..... Active
- Employment Subcommittee ..... Active
- Family Support Services Subcommittee ..... Active
- ICF/MR Task Force ..... Active
- M. .Medical Assistance Advisory Committee/Child Health Services Subcommittee ..... Active
- Children's Committee of the State Mental Health Services Planning Council ..... Active
- Student Assistance Program Statewide Committee (SAP) ..... Active
- M. .Children and Adolescent System Program Advisory Committee (CAASP) ..... Active

**Office of Social Programs**

- Homeless Assistance Program Advisory Group .. Active

**Office of Children, Youth and Families**

- M. .Children's Trust Fund Board ..... Active

**Office of Income Maintenance**

- M. .Employment and Training Advisory Committee (ETAC) ..... Active
- M. .Income Maintenance Advisory Committee (IMAC) ..... Active
- Low Income Home Energy Assistance (LIHEAP) Advisory Committee ..... Active

Governor's Office on Child Care Policy
6/3/92

# APPENDIX VI

## PRESENTED AT COMMISSION'S JUNE 13, 1992 MEETING
## IMMUNIZATION TASK FORCE REPORT — JUNE 6, 1992

### OVERVIEW OF THE WORK OF THE TASK FORCE

The Immunization Task Force of the Governor's Commission for Children and Families was charged by Commission Co-Chair Ronald David, M.D. "to address the low level of immunization of Pennsylvania children, especially those 0-5" as a first step in meeting one of the responsibilities of the Commission. The Task Force met on May 24, 1991.

Based on pre-meeting mailings of background information and preliminary proposals, the members of the immunization Task Force shared work already underway, modified a goal statement, revised the preliminary proposals, and developed a set of recommendations. [See attached Background Information and Agenda.] The actions suggested by the Task Force in this report are being forwarded to the Commission for consideration on June 13, 1991 as recommended from the Commission to the Governor.

The major work of the Task Force was accomplished by four work groups whose recommendations were shared, discussed and modified by consensus. Among the participants in the meeting of the Task Force were representatives of the Governor's Office, the Departments of Welfare, Health, Education, and Insurance, legislators, and the private sector. [See attached Attendance List.]

The Task Force agreed that there were no "quick fixes" or single-shot solutions to the problem of inadequate immunization. Although solutions might have to be implemented in an incremental fashion, a comprehensive long term plan will be required to eliminate barriers and achieve the protective benefits of immunization for Pennsylvania's young children. Achieving universal immunization by delivering immunization in as many alternative settings as possible must be balanced with the need for children to receive other basic primary health care for which lack of immunization is a "red flag." The Task Force agreed that short term strategies to correct low levels of immunization should be combined with the long term goal of linking children with an ongoing source of primary health care, a "medical home."

In general, the Task Force agreed in principle with the need to eliminate financial barriers to immunization, but did not have time to achieve consensus on whether immunizations should be "free at the point of delivery" for all children. Further discussion is needed about ways to remove the access barriers that result when a method of payment for vaccine must be determined for each child at every clinic, office and alternative sites where immunizations are given. Additional unresolved issues and clarifying comments are included at the end of this report.

### RECOMMENDATIONS

**GOAL:** To assure that all of Pennsylvania's children are immunized in a timely manner.

**OBJECTIVES:** Recommended actions are based on the following four objectives:

I. Eliminate financial barriers to immunization access.
II. Fully immunize Pennsylvania's children at the least cost.
III. Remove delivery system barriers to make it easier to get immunized.
IV. Regulate and monitor completeness of immunization.

### ACTIONS:

**OBJECTIVE I:** Eliminate financial barriers to immunization access.
and
**OBJECTIVE II:** Fully immunize Pennsylvania's children at least cost.

1. The Governor should review the recommendations of the Health Care Cost Containment Council on HB 536 — The Childhood Immunization Insurance Act (requires insurance coverage for vaccines and the administrative costs of immunization). The Administration should consider the recommendations of the Health Care Cost Containment Council in determining the Administration's position on HB 536.

2. The Department of Health and the Department of Public Welfare should explore the feasibility and the cost of a plan to bulk-purchase vaccines at federal contract price and distribute them to the private sector for children immunized with public funds.

   Currently, vaccine given to children on Medical Assistance is purchased at retail prices that are significantly above the federal contract price. The Administration should encourage the development of an inter-agency agreement between PA DPW and PA DOH to enable the Commonwealth to purchase vaccine for Medicaid beneficiaries at the federal contract price in lieu of continuing to pay higher private prices for immunization materials. The savings associated with the lower vaccine costs could be used to pay for the distribution of vaccine to private physicians who contractually agree to immunize MA-eligible children.

3. The Administration should explore a plan to pool public and private dollars to immunize more children for the same cost. The plan should include measures for reasonable fees (cost-containment) for materials and personnel involved in administering vaccine.

[ ] = Materials not included in this appendix.

Pooling of funds to bulk-purchase and distribute vaccines may be a more cost-efficient way to procure vaccines to be administered in the public and private sector. Cost containment principles should be equitably applied to proposed changes in the purchase, distribution, and administration of vaccine by physicians and immunization delivery sites.

4. The FY 1991-1992 Pennsylvania Budget should maintain current funding for immunization initiatives of the Department of Health and Department of Welfare in terms of absolute dollars for all immunization programs. Savings resulting from any action to reduce the cost of vaccine purchased by the state should be used to improve and expand immunization efforts.

**OBJECTIVE III:** Remove delivery system barriers to make it easier to get immunized.

1. The Department of Public Welfare should provide incentives for physicians to immunize children covered under Medicaid during primary care contacts (e.g. provide reasonable fees for vaccine administration, increase EPSDT fees to encourage increased provider participation in primary preventive care for children covered by MA, establish the principle of 'ONE INVOICE/ONE VISIT' for Medicaid/EPSDT to decrease physician overhead costs now associated with separate invoicing for vaccine given at a visit).

2. Use "grass-roots up" strategies by educating and mobilizing the community to solve the immunization program. State administrators should network the state and local-level public and private entities to initiate education programs to mobilize local groups. Local task forces of health care professionals, representatives of private industry including vaccine manufacturers, and community leaders should be convened in town meetings throughout the Commonwealth to identify delivery system barriers in their communities, foster networking, and develop local solutions. Education should be multi-lingual and multi-cultural.

3. The Governor should use a variety of means to encourage reduction of missed opportunities to immunize:

   A. Instruct and provide resources to the DPW Office of Medical Assistance to educate physicians and other health professionals who give immunizations about how to correctly bill for services, including effective education on the "nuts and bolts" operational issues of the MA invoicing process.

   B. Request that medical professional organizations, the PA Department of Health, and vaccine manufacturers educate physicians and other health professionals who give immunizations about:

      1) the importance of checking immunizations at every encounter
      2) the lack of contradiction to immunization from minor illness
      3) the appropriate use of multiple vaccines at a single visit

   C. Encourage hospitals to adopt policies to immunize children during emergency room visits.

   D. Assign agency responsibility and resources to develop tracking systems for newborns via birth certificates to be sure each child comes for primary preventive care and immunization according to the recommended schedule. A systematic approach should be implemented that includes personal contact by a nurse or social worker with the family to ensure that, before discharge from the hospital, every newborn has an appointment for the first well child visit with the parent's choice of health provider. Help to make such an appointment should be provided if needed.

   E. Develop a simple, durable immunization record to give to parents when their newborn is discharged from the hospital that includes an immunization schedule that parents can easily use to monitor completeness of their child's immunization. The Health Passport is one example of this type of record. [See attached Health Passport.] This document could be included with distribution of information on developmental milestones and other parent education material as long as the importance and function of the immunization record is effectively communicated to parents.

   F. Write VNA/Health Clinics/Schools/Child Care Centers to encourage them to use contacts with parents of newborns to educate about immunization.

4. The Governor should urge all state programs to consider implementation of measures that will increase the number and convenience of access to immunization sites. Examples of measures to consider include:

   A. Utilizing mobile vans (vaccine-mobile) and/or a variety of immunization sites to bring immunizations to children. Such sites might include public housing developments, WIC centers, child care and community centers, schools, shopping centers, and malls. Professionals who staff such mobile units or alternative sites should be culturally sensitive to the target group or bilingual if needed. Mechanisms for coordination with the child's "medical home" should be included in the service plan for alternate site delivery to ensure appropriate immunization and avoid substitution of immunization for comprehensive health care.

   B. Expanding non-traditional hours or rearranging hours of existing public health clinics to accommodate needs of low income working parents.

C. Providing incentives to improve access to immunization for the medically indigent to private sector physicians in communities where public or community health clinics either do not exist or are incapable of meeting public demand.

5. The Governor should assign state public relations and community organization staff to increase community awareness of the importance of immunizations. Specific recommended tasks include:

   A. Convening community educational forums to educate parents, child care providers about the need for, and local availability of immunizations.

   B. Declaring an Immunization month each year to give impetus to the awareness campaign.

   C. Utilizing the local media for promotion of targeted immunization campaigns.

   D. Inviting private industry to participate in planning and implementation of public awareness campaigns.

   E. Emphasizing to new parents the importance of immunizations by sending a letter from Mrs. Casey with the official birth certificate and HEALTH PASSPORT sent by the Pennsylvania Department of Health.

   F. Encouraging community hospitals to pool resources to educate public on immunization pre and postnatally.

**OBJECTIVE IV:** Regulate and monitor completeness of immunization.

1. The Governor, the legislature, and state agencies should work to adopt a uniform requirement (regulate, legislate) for evidence of complete immunization for age as a condition of enrollment and continued participation in **ANY** type of group care setting where more than 3 children who are unrelated to the caregiver are in the program (whether private, public, or church based) to minimize the risk of epidemic outbreaks of preventable disease in group care.

   A reasonable, but limited period of time (e.g. one month) should be allowed to get the child up-to-date before the service is denied. However the time-limit should be enforced rigorously. The threat of denial of school entry has achieved full immunization by school entry, without resulting in exclusion of children from school. Periodic evidence of complete immunizations for continuing participation in the program must be used for group care programs for infants, toddlers and preschoolers because frequent immunization to achieve protection is required in these age groups.

2. The Governor, the legislature, and state agencies should work to require verification of completeness of immunization at the time that vouchers are issued for service (WIC, child care) or eligibility determined as part of the application and redetermination procedures for children involved in publicly funded programs to **educate and refer** for immunization, **not to deny service**.

3. The Governor should use public relations opportunities to inform and empower parents to promote voluntary compliance with requirements for immunization.

4. Resources should be provided to the Department of Health by the Governor and the legislature to monitor "hot spots" — areas where poor immunization rates of the preschool population are known to exist from school entry data and to sample all other types of programs. State agency staff should sample all types of programs for completeness of immunization of enrolled children. The results of the sampling studies should be used to generate publicity about parental responsibility for timely immunization of their children and inform regulatory agencies about the need for vigilance in enforcing immunization requirements.

5. A state policy should be established that failure to assure completeness of immunization is evidence of significant non-compliance that will be used to restrict the program's continued authorization to operate (under a license or other means).

6. The Governor and the legislature should provide the resources and instruct the Department of Health to develop methods/devices to help non-health care professionals more easily monitor and assess the immunization status of children. Through wide dissemination of copies, promote the concept of a "Health Passport" as a universally recognized, accepted, and durable record of immunization to facilitate monitoring of a child's immunization status by parents and support systems with which the parent has contact.

   The current schedule of vaccine requirements is difficult for parents and non-health professionals to use to judge completeness. Devices that might help are dose-counting tables by age, and the Health Passport.

   Another concept to explore in the future is to give parents an electronically readable card for each child (like a credit card) that could connect service providers (who had card readers) with an immunization data bank (like a credit check) to determine the child's need for immunization at a variety of sites of service (e.g. WIC, MA, child care, preschool). Such a system would reduce the burden of educating everyone about how to interpret immunization dates by age, and about changes in recommendations that occur from time to time.

7. The Governor should instruct state agencies and state-funded programs to develop mechanisms to refer families with children who are identified to be in need of immunization to public health centers, public community-based physicians, or if eligible for the Medicaid EPSDT program, to the EPSDT outreach administrative contractor(s) to facilitate immunization follow-up.

# APPENDIX VI

## UNRESOLVED ISSUES FROM THE 5/24/91 MEETING OF TASK FORCE

1. How to balance short term and long term solutions to the immunization problem needs further work. For example, some individuals believed that while the quickest and most cost-effective (public cost of vaccine is approximately 1/2 the price of privately purchased vaccine) way to immunize more children would be to increase the number and distribution of alternative immunization sites (e.g. immunize children at WIC centers, DPW offices, etc.); others were concerned that the lack of immunization is a 'red flag' for a lack of primary care. The Task Force recommended that long term and short term strategies should be combined to increase primary care utilization (immunization included) by low income children while removing financial, delivery system, and other barriers to the immediate immunization of children. Questions were raised about whether the proposed solution of purchase and distribution of vaccine to MA/EPSDT providers would result in more children being immunized and more providers participating in immunization of MA eligible children. The Task Force requested additional data to assist in the resolution of these issues:

   A. The immunization rate of children served by private physicians under contract to the Department of Health to provide primary care.

   B. HMO and Ohio data on immunization rates.

   C. Referral rates to public health clinics for immunization of children with or without public (Medicaid) or private insurance for immunization.

   D. The role of government to influence/regulate/ negotiate the prices paid by government to vendors (e.g. vaccine manufacturers) and providers for immunization and other services.

   E. The role of government to promote voluntary compliance with state laws (e.g. HB 536 or a comparable bill which mandates insurance coverage for a specific benefit) by companies which technically would be exempt due to federal preemption of state law under ERISA (employer self-insurance).

   F. The feasibility of linking mandated insurance coverage (as proposed by HB 536) with "pooling" of private/public funds to purchase vaccine at lower costs to decrease the total cost of immunizing the approximately 2 million children whose families would gain some financial relief by legislative passage of the bill.

   G. Review of potential for cost-saving by purchasing vaccine for MA-eligible children at the federal vaccine price.

2. Exploration of issues related to:

   A. The training of non-health professionals employed by agencies charged with other responsibilities to monitor immunization completeness utilizing an immunization dose-counter and the Health Passport carried by parents.

   B. The ability of physicians to correctly complete existing Medicaid and other forms.

## ADDITIONAL CLARIFYING COMMENTS

The extraordinary support and input provided by the members of the Immunization Task Force deserves recognition. Following the productive meeting of the Immunization Task Force, a draft of this report was circulated to all the members of the Task Force for review and comment with a one-week turn-around time for comments. Numerous recommendations for revisions were received, reviewed, and integrated so the members of the Governor's Commission could have the report in time to prepare for the June 13 meeting of the Commission.

During the Mary 24, 1991 meeting of the Immunization Task Force, all participant participated as equal partners in the discussions. This report notes areas where consensus could not be reached, areas where further development of ideas is required, and areas where additional information is needed. The following explanation of the role of the members of the Administration who participated on the Task Force was provided by Samuel McClea in his June 5, 1991 comments from the Department of Public Welfare:

*"The Task Force and the Commission are advisory to the Governor and the Administration. ... State agencies are* not members of advisory bodies and do not have voting power. State officials serving of the Commission in any capacity should be providing information or technical assistance, reacting to proposals and where appropriate, describing the Administration's position on particular issues. The Commission is free to offer whatever advice it wishes to the Governor. State agencies are responsible to the Governor and may advise the Governor on the recommendations of advisory committees. Ideally, these clear roles will not alter the work or actions of advisory bodies, but in the event differences do occur, it should be clear what the lines of responsibility are for both the Commission and state agencies. for example, state agencies such as DPW and DOH are currently able to proceed with implementation of certain immunization-related initiatives."

Charles Lyons, Director of the Governor's Policy Office, plans to prepare a summary for presentation on June 13, 1991 to the Governor's Commission on what the state has achieved and what it is committed to do over the next year.

# APPENDIX VII



No. 1992-35

## AN ACT

**HB 536**

Providing for health insurance coverage of children; and conferring powers and duties on the Department of Health and the Insurance Department.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

**Section 1. Short title.**
This act shall be known and may be cited as the Childhood Immunization Insurance Act.

**Section 2. Definitions.**
The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:
"Child immunizations." Immunizations, including the immunizing agent, reimbursement for which shall not exceed 150% of the average wholesale price, which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services.
"Health insurance policy." Except for specified disease policies, shall mean any group health insurance policy, contract or plan, or any individual policy, contract or plan with dependent coverage for children, which provides medical coverage on an expense-incurred, service or prepaid basis. The term includes the following:
(1) A health insurance policy or contract issued by a nonprofit corporation subject to 40 Pa.C.S. Chs. 61 (relating to hospital plan corporations), 63 (relating to professional health services plan corporations) and 65 (relating to fraternal benefit societies).
(2) A health service plan operating under the act of December 29, 1992 (P.L. 1701, No. 364), known as the Health Maintenance Organization Act.
(3) An employee welfare benefit plan as defined in section 3 of the Employee Retirement Income Security Act of 1974 (Public Law 93-406, 29 U.S.C. §1001 et seq.).

**Section 3. Child immunizations.**
Except as provided in section 6, any health insurance policy which is delivered, issued for delivery, renewed, extended or modified in this Commonwealth by any health care insurer shall provide that the health insurance benefits applicable under the policy include coverage for child immunizations. A health insurance policy shall provide for coverage for medically necessary booster doses of all immunizing agents used in child immunizations.

**Section 4. Delivery of policy.**
Except as provided in section 6, if a health insurance policy provides coverage or benefits to a resident of this Commonwealth, it shall be deemed to be delivered in this Commonwealth within the meaning of this act, regardless of whether the health care insurer issuing or delivering said policy is located within or outside this Commonwealth.

**Section 5. Cost-sharing provisions.**
(a) Applicability. — Benefits for child immunization services shall be subject to copayment and coinsurance provisions of a health insurance policy to the extent that other medical services covered by the policy are subject to those provisions.
(b) Exemption. — Benefits for child immunization service shall be exempt from deductible or dollar limit provisions in a health insurance policy. This exemption must be explicitly provided for in the policy.

**Section 6. Exemptions.**
Notwithstanding sections 3 and 4, this act shall not be construed to require a health insurance policy to include coverage for child immunizations for an individual who is a resident of this Commonwealth if all of the following apply:
(1) The individual is employed outside this Commonwealth.
(2) The individual's employer maintains a health insurance policy for the individual as an employment benefit.

**Section 7. Regulations.**
The Department of Health and the Insurance Department shall promulgate regulations to implement this act.

**Section 8. Application of act.**
This act shall apply to all insurance policies, subscriber contracts and group insurance certificates issued under any group master policy, delivered or issued for delivery on or after the effective date of this act. This act shall also apply to all renewals of contracts on any renewal date which is on or after the effective date of this act.

**Section 9. Effective date.**
This act shall take effect in six months.

APPROVED — The 21st day of May, A.D. 1992.

ROBERT P. CASEY

*GOVERNOR AND MRS. CASEY*



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Commonwealth of Pennsylvania

**Robert P. Casey**
*Governor*

Department of Public Welfare

**Karen F. Snider**
*Secretary*

Department of Education

**Donald M. Carroll, Jr.**
*Secretary of Education*

The Department of Public Welfare provides services and referrals without regard to race, color, religious creed, handicap, ancestry, national origin, age or sex.

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